



**ALTRUSA INTERNATIONAL OF AKRON
VOCATIONAL ASSISTANCE AWARDS**

**FOR WOMEN OVER AGE 25 INTERESTED IN
VOCATIONAL TRAINING
OR
RE-ENTERING THE WORKFORCE**

APPLICANTS MAY QUALIFY FOR UP TO \$500.00

**GRANTS MAY BE USED FOR
TUITION BOOKS
SUPPLIES EQUIPMENT**

**Send Application To:
Altrusa International of Akron
Scholarship Committee
725 Lake Trail
Aurora, OH 44202**

Postmark Deadline: January 30, 2019

**ALTRUSA INTERNATIONAL OF AKRON
VOCATIONAL ASSISTANCE AWARD
APPLICATION INSTRUCTIONS**

PLEASE READ INSTRUCTIONS CAREFULLY

Applications must be made within two years of completing your program of study. Applications **must be complete** to qualify for review! If applications are received without all of the required information, they will not be considered. Please review the following checklist before submitting your application:

- _____ 100% of all questions answered.
- _____ Transcript of your grades from the school you are currently attending or your high school grades if currently not enrolled in school.
- _____ Letter of acceptance or confirmation of acceptance pending payment from the school you plan to attend if you are not an enrolled student.
- _____ Two letters of reference, including names, addresses and phone numbers, from two (2) non-family members. If you are already enrolled in school, at least one of these references must be from a member of the faculty at this school.
- _____ Completed essay on application form (may be continued on another sheet, if needed)

Please review the above list to make sure that all information is included in your submission. Incomplete applications will not be reviewed! You may work with your advisor/counselor, if needed, to ensure that all information is provided. Please note that incomplete applications will not be returned for submission of missing information.

Please send completed applications to:

Altrusa International of Akron
Scholarship Committee
725 Lake Trail
Aurora, OH 44202

**APPLICATION MUST BE POSTMARKED NO LATER THAN
January 30, 2019**

**ALTRUSA INTERNATIONAL OF AKRON
VOCATIONAL ASSISTANCE AWARD APPLICATION**

PLEASE PRINT ALL INFORMATION

Full Name _____ Date _____
Address _____ Age _____
_____ Phone _____

How long have you lived at your current address? _____ If less than one year, please
give your last address _____

How many dependents do you have _____ Please list names and ages:

Current annual income:
_____ Under \$10,000 _____ \$10,000 - \$15,000 _____ \$15,000 - \$20,000
_____ \$20,000 \$25,000 _____ Over \$25,000

Name of school you are attending or will attend: _____
Address (check will be sent here): _____

Phone: _____
Contact: _____

Major Course of Study: _____
Anticipated Date of Graduation or Completion of Study: _____

What type of job-related or volunteer experience have you had: _____

What amount - up to \$500 - are you requesting? _____
For what purpose will this award be used (for example: tuition, books, uniforms, etc.) _____

For what term are you requesting assistance? _____ Date term begins: _____

PLEASE COMPLETE QUESTIONS ON 2nd PAGE

