

P.E.O. SCHOLARSHIP APPLICATION
CHAPTER DX
NEWBERG, OREGON

This application is to be typed unless otherwise indicated.

This scholarship is for **women** only.

Please complete this form and return it along with a copy of your transcript and two letters of recommendation, one from a teacher and one from a member of the community, to the counseling office by April 30th.

1. Name: _____
Last First Initial
2. Age: _____ Date of Birth _____
3. Address: _____
Street City State ZIP
4. Cell Phone # _____
5. Email Address: _____
6. Father or Guardian's name and occupation:

7. Mother or Guardian's name and occupation:

8. Are you eligible for any tuition reduction through your parents' workplace?

9. High School GPA (through seventh semester/ tenth trimester): _____
10. What are your hobbies and interests?
11. Please list your principal school and community activities and honors:

12. What college or university do you wish to attend? _____

13. What is your proposed field of study at this time? _____

14. On another sheet of paper explain your educational and career goals.(please hand write this response.)

15. What is the estimated cost for your first year at the institution of your choice?

\$ _____

How much of this responsibility are you and your parents able to assume?

\$ _____

16. State briefly why you require financial aid:

Student signature: _____

Thank you for applying for a P.E.O. Scholarship. A minimum of 2.75 GPA, two recommendations forms(one from a faculty member and one from a community member), and a transcript of high school credits through seven semesters/ten trimesters, are required.

The final selection will be based on a personal interview by the P.E.O. Education committee. The counseling office will notify you of the date and time.