



Life-Changing Scholarships for Women Over 35

Name of Applicant _____

VITAL IMPACT 2017 APPLICATION FOR SCHOLARSHIP FUNDS

Please be sure you have access to a printer before beginning your application. You should complete each page, but will need to print the page as it is completed.

PERSONAL INFORMATION

Last Name: _____ First Name _____ MI _____

Street Address _____ City _____ State _____ ZIP _____

Home Phone _____ Work Phone _____ Cell Phone _____

Email Address 1 _____ Email Address 2 _____

Your Age (as of application deadline) _____ Date Of Birth _____

How long have you been a Massachusetts resident? _____

Dependents, not including yourself, (including ages) and relevant family information:

Name of Applicant _____

COMMUNITY SERVICE

It is noted not all applicants will have been able to be involved in community service activities.

If additional space is needed, please submit typewritten on a separate sheet indicating question number.

Have you been involved in Community Service?

Yes

No

If yes, please list your community service activities in the past below:

Name of Organization _____

Street Address _____ City _____ State _____ ZIP _____

Amount of time per week you are/were involved _____

Dates – From _____ To _____

Description of your involvement:

Name of Organization _____

Street Address _____ City _____ State _____ ZIP _____

Amount of time per week you are/were involved _____

Dates – From _____ To _____

Description of your involvement:

Name of Organization _____

Street Address _____ City _____ State _____ ZIP _____

Amount of time per week you are/were involved _____

Dates – From _____ To _____

Description of your involvement:

Name of Applicant _____

EMPLOYMENT RECORDS – last 5 years, begin with the most recent. *If additional space is needed, please submit typewritten on a separate sheet indicating question number.*

Employer Name _____

Street Address _____ City _____ State _____ ZIP _____

Full or Part Time _____ Time (if part time please indicate number of hours per week) _____

Dates – From _____ To _____

Brief Description of Your Responsibilities

Employer Name _____

Street Address _____ City _____ State _____ ZIP _____

Full or Part Time _____ Time (if part time please indicate number of hours per week) _____

Dates – From _____ To _____

Brief Description of Your Responsibilities

Employer Name _____

Street Address _____ City _____ State _____ ZIP _____

Full or Part Time _____ Time (if part time please indicate number of hours per week) _____

Dates – From _____ To _____

Brief Description of Your Responsibilities

Name of Applicant _____

EDUCATIONAL PROGRAM (for which funds are requested)

Degree, program or course of study _____

Name of School/College/University _____

Street Address _____ City _____ State _____ ZIP _____

This school is a:

- private
- public institution

It is a:

- vocational school
- technical school
- 2 year community college
- 4 year college/university
- Other _____

Semester and year you expect to finish your program _____

Are you attending:

- full time
- part time
- online

Dates attending: From _____ To _____

Anticipated date of Graduation: _____

Major Course of Study _____

Career Goal _____

If currently at a community college, do you intend to pursue a Bachelors degree or any other advanced degree program?

- Yes
- No

If yes, what program? _____

Name of Applicant _____

EDUCATIONAL BACKGROUND - List below, in chronological order, all degrees and certifications you've completed since high school. *If additional space is needed, please submit typewritten on a separate sheet indicating question number.*

Name of Institution _____

Street Address _____ City _____ State _____ ZIP _____

Dates Attended – From _____ To _____

Name of Degree/Certification _____

Include official transcript for each institution attended.

Name of Institution _____

Street Address _____ City _____ State _____ ZIP _____

Dates Attended – From _____ To _____

Name of Degree/Certification _____

Include official transcript for each institution attended.

Name of Institution _____

Street Address _____ City _____ State _____ ZIP _____

Dates Attended – From _____ To _____

Name of Degree/Certification _____

Include official transcript for each institution attended.

Name of Applicant _____

ANTICIPATED EXPENSES

The "Statement of Acceptance and Schedule of Fees" must be completed and signed by your school's admissions or financial officer. If you have other educational expenses not included on that Statement, please explain. (Find form link on website.) Please provide information regarding the type and amount of loans, other scholarships and grants you received or expect to receive for the semester you listed above.

If additional space is needed, please submit typewritten on a separate sheet indicating question number.

Type of funding (loan, scholarship or grant) _____

Source of the Funds _____

Status of Your Award (offered, accepted, rejected) _____

Amount _____

Type of funding (loan, scholarship or grant) _____

Source of the Funds _____

Status of Your Award (offered, accepted, rejected) _____

Amount _____

Type of funding (loan, scholarship or grant) _____

Source of the Funds _____

Status of Your Award (offered, accepted, rejected) _____

Amount _____

What is the outstanding balance of all educational loans you currently have? _____

Name of Applicant _____

ESSAY –

Submit a **typewritten** essay of **NOT MORE THAN 500 WORDS** telling us about yourself and why you should be selected as a Vital Impact scholarship recipient.