

STUDENTS WITHOUT MOTHERS SCHOLARSHIP APPLICATION

Date: _____

Applicants Name _____ Home Ph: _____ Mobile: _____

Email: _____ Gender: (M) __ (F) __

Mailing Address _____

City, State, & Zip Code _____

County of Legal Residence _____ Date of Birth _____

Name and phone number of a friend or relative _____

High School **Currently** attending _____

Month/Year Expected to Graduate _____

Name of College or Institution **Planning** to Attend _____

Intended Major / Course of Study _____

Legal Guardian's Name _____ Relationship _____

*Legal Guardian's Total Gross Income (Annually) _____

Do you live with your legal guardian? _____

If not, with whom do you live? _____ Relationship _____

My mother is absent due to: (Death) _____ (Other Reason) _____

Most scholarships are \$4,000 each. The number of scholarships awarded is determined by the amount of funds raised each year. A committee will review the essays and possibly talk with the qualified applicants to determine the greatest need. Your essay must explain your hardship and explain why you have the greatest need.

Please submit an application, community service form, and a 250 word essay (including hobbies/interests, hardships, future plans and why you should be awarded a scholarship) to: Students Without Mothers, Inc., P. O. Box 450748, Atlanta, GA 31145-0748. For more information call 770-724-0648 or visit our website www.studentswithoutmothers.org. **INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED. Applications are accepted between Sept. 1st and Dec. 31st.**

Signature (Student)

Signature (Guardian)

***Proof of income documents may be requested.**

Revised July 23, 2007