

\$500

# OPEN ARMS CHARITIES OF ELROY INC

## SCHOLARSHIP APPLICATION FORM

Please mail or bring your application to Open Arms Resale Store  
130 Main St, Elroy, Wi 53929

This scholarship is offered to single parents, returning to school, who live within 25 miles of Elroy.

(OR) - H.S. Seniors going into medical

Applicants Name \_\_\_\_\_

Home Address \_\_\_\_\_

City/Village \_\_\_\_\_ Zip \_\_\_\_\_

How many miles is your home from Elroy? \_\_\_\_\_

Telephone No. \_\_\_\_\_ Email \_\_\_\_\_

Name of High School \_\_\_\_\_ Date of Graduation \_\_\_\_\_

Have you taken any courses, since high school, towards your educational goal? \_\_\_\_\_

How many credits do you have to date? \_\_\_\_\_

Field of study \_\_\_\_\_

What school will you be attending? \_\_\_\_\_

Enrollment Date \_\_\_\_\_ Expected completion date \_\_\_\_\_

How many children do you have? \_\_\_\_\_ Ages? \_\_\_\_\_

Are you \_\_\_ Single \_\_\_ Divorced \_\_\_ Widowed?

It is so true that a person is poorly represented on a basic name and address form. Well, here is your opportunity to convince us why you should be the one selected to receive our scholarship. Tell us about your need and why going to school will help improve it. What is important to you. What are your goals and how will going to school help you reach them? And lastly, how will your higher education benefit the community?

Your essay can be as long or short as you need it to be, to expound on the topics we have suggested.