

# Quota International of Lake County Charitable Foundation

## JANICE SOUTHWORTH MEMORIAL SCHOLARSHIP FUND INFORMATION SHEET

### **PURPOSE**

The Janice Southworth Memorial Scholarship Fund provides monies to those pursuing education in fields of speech, hearing, physical therapy and elementary or secondary education. Those pursuing education in an ancillary field where children are involved will also be considered. The educational program must be either a two year or four your program.

### **SCHOLARSHIP**

The \$1,000 scholarship will be awarded to a Lake County high school graduate accepted to an accredited college program or continuing in such a program.

### **ELIGIBILITY**

The student must be a full-time student in good academic standing (minimum 2.5 GPA) for both high school and college. A copy of a current high school/college transcript, two letters of recommendation and a typed or hand written 1-2 page essay expressing the reason the student is pursuing such a degree and future career plans must also be submitted with the scholarship application.

### **SCHOLARSHIP DISTRIBUTION**

The Scholarship Committee of Quota International of Lake County, Inc. will review all applicants and conduct interviews as appropriate. All applicants will be notified in writing as to the status of their application by the Chairperson of the Scholarship Committee.

# Quota International of Lake County Charitable Foundation

## 2012 Janice Southworth Memorial Scholarship Fund Application

<b>Applicant</b>	
Last Name _____ First Name _____ MI _____	
Date of Birth _____	
Applicant's Mailing Address: Street _____ P.O.Box _____ City _____ State _____ Zip _____ Phone _____	Applicant's School _____ Street _____ P.O. Box _____ City _____ State _____ Zip _____ Phone _____
Marital Status: _____ Number of Dependents _____	Total Amount of Applicant's Income: _____
While in college, applicant intends to live: ___ with parents ___ on campus ___ off campus	Any previous educational financial aid? ___ Yes Amount _____ No _____ Source _____
Major _____ University/College _____ Degree of Pursuit _____ Expected Date of Graduation: _____	Will further financial aid be needed? Yes _____ Amount _____ No _____
<b>Parent/Guardian:</b> Last Name _____ First Name _____ MI _____ Street Address _____ City _____ State _____ Zip _____ Phone _____	
Personal Reference:(Permanently Located) Name _____ Address _____ Phone _____	Personal Reference:(Permanently Located) Name _____ Address _____ Phone _____

**NOTE:** Scholarships are for a one year period. Requests for financial assistance cannot be processed until the application, grade transcripts, 2 letters of recommendation, and a hand written or typed essay are received.

### Applicant's Responsibility

I, the applicant, certify that the information contained in this application is true, complete and correct to the best of my knowledge and belief and is made in good faith.

Signed \_\_\_\_\_ Date \_\_\_\_\_