



WWOCN

Wisconsin Women of Color Network, Inc.
P.O. Box 2337, Madison, Wisconsin 53701-2337
Visit our website: www.womenofcolornetwork-wis.org

Mabel Smith Memorial Scholarship

Application Form

(Print or type all information except your signature)

Name _____ Telephone _____

Address _____ City/Zip _____

U.S. Citizen Yes ___ No ___ Wisconsin Resident Yes ___ No ___

Date of Birth _____ E-mail _____

Ethnic group: ___ African American
 ___ American Indian
 ___ Asian
 ___ Latina
 ___ Biracial
Sex: ___ Female
 ___ Male

Name of High School _____

Address _____ City/Zip _____

Principal's Name _____ Telephone _____

Graduation Date _____ Grade Point Average (GPA) _____

Name of 2-year community college or vocational or technical school you plan to attend:

Address _____ City/Zip _____

Name of Advisor _____ Major _____

Have you been accepted for admission in your selected program? Yes ___ No ___
Fees \$ _____
Books \$ _____

Have you received, or been offered any other scholarship or grant? Yes ___ No ___

If yes, amount awarded \$ _____

FINANCIAL BACKGROUND:

Please complete the following information to the best of your ability.

Can your parent(s) or guardian(s) afford to contribute to your education? Yes _____ No _____

How much per year? Parent(s) \$ _____ Legal Guardian \$ _____

How much can you contribute per year? \$ _____

If none, please explain:

What is your college or vocational/technical goal? _____

Along with this application form, please write a single page essay, typewritten (computer or typewriter), or hand printed legibly, and double spaced on: How this scholarship will help you accomplish your educational goal(s).

Note:

APPLICATION DEADLINE: All applications must be postmarked by. May 31, 2009.
Three letters of recommendation **MUST** accompany application form. Letters of recommendation may be written by an instructor, guidance counselor or an individual who can attest to your educational abilities.

Applicant's high school transcript from the end of the first semester of your senior year **MUST** accompany the application form. GED applicants **MUST** submit a copy of their Certificate of Completion.

A recent photo of yourself will be required if you are granted an award.

Applicants Signature: _____ Date: _____

Mail the complete application package to:
Wisconsin Women of Color Network Inc.
Attn: MSMS Committee
PO Box 2337
Madison, WI 53701-2337

Application Package Checklist:
____ Application Form
____ Single page Essay
____ 3 letters of recommendation
____ High School Transcript or
____ GED Certificate