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# Mabel Smith Memorial Scholarship

## Application Form

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(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:

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What is your college or vocational/technical goal? \_\_\_\_\_

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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, 2010.**  
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

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