

COMMUNITY ORGANIZATIONS (LIST MEMBERSHIPS AND/OR OFFICES HELD)

ORGANIZATION	OFFICE HELD	YEAR(S)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Other Activities: _____

HONORS

SCHOOL	COMMUNITY
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

CERTIFICATES

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

EMPLOYMENT (PREVIOUS AND CURRENT WORK EXPERIENCES)

TYPE OF WORK	EMPLOYER	DATE EMPLOYED	APPROXIMATE EARNINGS
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

OCCUPATIONAL PLANS

(VOCATIONAL OBJECTIVES – CHECK FIELD OF INTEREST)

TEACHING _____ SOCIAL WORK _____

NURSING _____ DENTAL _____

MEDICINE _____ BUSINESS _____

HEALTH RELATED _____ LAW OR LEGAL _____

OTHER (PLEASE IDENTIFY) _____

TYPE OF STUDENT (CHECK) COMMUTING RESIDENTIAL (ON CAMPUS)

MAJOR COURSE OF STUDY _____

LENGTH OF STUDY (YEARS, MONTHS) _____

ESTIMATE EXPENSES PER SEMESTER (TUITION, FEES, ETC.) _____

FAMILY AND FINANCIAL INFORMATION

NAME OF MOTHER _____ NAME OF FATHER _____
ADDRESS _____ ADDRESS _____

OCCUPATION _____ OCCUPATION _____

WHERE EMPLOYED : MOTHER _____
 FATHER _____
 GUARDIAN _____

PERSON RESPONSIBLE FOR FINANCING YOUR EDUCATION _____

CHILDREN IN FAMILY

	NAME	AGE	SCHOOL/EMPLOYMENT
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

TOTAL NUMBERS OF PERSONS LIVING AT HOME _____

Check the sources of funds for payment of your educational expenses and write the amount you expect to receive for the current school year (financial aid will be asked to verify need):

<input type="checkbox"/> MOTHER	_____	
<input type="checkbox"/> FATHER	_____	
<input type="checkbox"/> MOTHER & FATHER	_____	
<input type="checkbox"/> GUARDIAN	_____	
<input type="checkbox"/> LOAN	_____	DATE
<input type="checkbox"/> SCHOLARSHIP (NAME)	_____	_____
<input type="checkbox"/> GRANT (NAME)	_____	_____
<input type="checkbox"/> OTHER (EXPLAIN)	_____	_____
<input type="checkbox"/> OTHER (EXPLAIN)	_____	_____

CHARACTER REFERENCES (LOCAL RESIDENTS OTHER THAN RELATIVES WHO KNOW YOU WELL)

	NAME	ADDRESS & ZIP CODE	PHONE NUMBER
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

PLEASE NOTE: ALL SCHOLARSHIP APPLICATIONS MUST BE COMPLETED AND RETURNED TO THE SCHOLARSHIP COMMITTEE BY JANUARY 10, 2011 WITH ACCOMPANYING DOCUMENTS TO THE CHAIR OF THE DELAWARE VALLEY LINKS, INC., SCHOLARSHIP COMMITTEE.

Delaware Valley Chapter of the Links, Inc.
c/o Lorina Marshall-Blake
3111 W. Coulter Street
Philadelphia, PA 19129
Lorina.Marshall@ibx.com

1. An official or unofficial college/university transcript (Minimum G.P.A. of 2.5 on 4.0 system); unofficial transcripts must be signed by a University Academic Administrator, see Dr. Kent for assistance (Emlen Hall; x2386).
2. Two letters of recommendation from a college/university professor, a college/university administrator, an administrator of a school or community service program, a coach, or an employer;
3. An essay explaining why you have chosen your desired vocation. The essay is not to exceed two double-spaced pages. Place your name on each page;
4. Participate in a mandatory interview (may be telephonic), if you are a semi-finalist. You will be notified of your status via e-mail or regular mail;

Applications must be received by February 17, 2011. Incomplete applications will not be considered.

DATE RECEIVED: _____