

Gertrude Humphreys Leadership Scholarship Application Form

This scholarship is only available for female graduate students. Date: _____

Application must be completed to be considered for a scholarship.

Name: _____
Last First Middle

Home Phone: () _____ Work Phone: () _____ Other: () _____

Email: _____

School Address: _____
Street City State Zip

Home Address: _____
Street City State Zip

Birth Date: _____ / _____ / _____ How long have you lived in West Virginia? _____

College/University attending: _____

Major: _____ Year in school: _____

Cumulative grade-point average: _____ Full- or part-time student? _____ Expected date of graduation: _____

Complete the following information.

Dependent Independent Estimated annual income (parent income if a dependent): _____

Marital Status: Married Separated Divorced Single

Spouse's name: _____

Occupation: _____ Approximate length of time employed: _____

Parent(s) or Guardian's name: _____

Occupation: _____ Approximate length of time employed: _____

Occupation: _____ Approximate length of time employed: _____

List other financial aid you receive (e.g.,scholarships, aid, loans, etc.)

Name	Date Received	Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Applicant's work experience.

Past employer(s) or attach employment resume:

Dates employed:

_____	_____
_____	_____
_____	_____

Current employer: _____

Hours worked per week: _____ Hourly wage: _____

What interests you in this scholarship? _____

What are your specific career plans? _____

Is there anything else we should know when considering your application? _____

Application deadline is April 1.

Please enclose three letters of reference and your college transcript of work completed to date, and mail to:

Brenda Porter
Cabell County WVU Extension Service Office
2726 Howells Mill Road
PO Box 219
Ona, WV 25545-0219

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