



Women Helping Women Scholarships Committee
 Kerr County Women’s Chamber, Inc.
 P. O. Box 290621
 Kerrville, Tx. 78029-0621
 www.kerrcountywomenschamber.com

SCHOLARSHIP APPLICATION

Applications received after April 20, 2021 and/or incomplete will not be considered.

GENERAL INFORMATION:

Name: _____

Last Name (Legal)	First Name	Middle Initial
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Physical Address: _____

City: _____, Texas Zip Code: _____

Mailing Address: _____

City: _____, Texas Zip Code: _____

Phone: (Home): _____ Phone (Cell): _____

E-Mail: _____ Date of Birth: _____

Are you currently employed? Yes ___ No ___ If yes, where: _____

Who is your Supervisor: _____

May we contact him/her: Yes ___ No ___

Marital Status: Single ___ Married ___ Number of Adults in the Home: _____

Spouse's/Significant Other's Employer: _____

Number of Children in the Home: _____ Ages of Children in the Home: _____

ACADEMIC INFORMATION:

In the Fall, I will be attending _____ as a:

Freshman Sophomore Junior Senior Master’s Level PhD

Medical School Student Nursing School Student Other: _____



My Current GPA: _____

Proof of acceptance or current student enrollment from the above school is REQUIRED.

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FINANCIAL INFORMATION:

(Circle One): Own/Rent

Monthly: _____

If renting, name and phone number of landlord: _____

CURRENT MONTHLY INCOME:

Total Wages per Household (include spouse/significant other) \$ _____

Food Stamps \$ _____

Day Care Assistance \$ _____

Social Security and/or SSI \$ _____

AFDC \$ _____

Child Support \$ _____

Other \$ _____

TOTAL MONTHLY INCOME: \$ _____

CURRENT MONTHLY EXPENSES:

House or Rent Payment \$ _____

Car Payment(s) Paid to: _____ \$ _____

Day Care paid to: _____ \$ _____

Electricity- Gas- Propane: \$ _____

Water \$ _____

Telephone \$ _____

Cable \$ _____

Groceries (Monthly Average) \$ _____

Auto Repairs and/or Gasoline (Monthly) \$ _____

Clothing and/or Uniform Allowance (Monthly) \$ _____



Other Household Expenses (explain)

_____	\$ _____
_____	\$ _____
_____	\$ _____
<u>TOTAL MONTHLY EXPENSES:</u>	\$ _____

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Please list your approximate anticipated educational expenses for a year:

Tuition \$ _____ Books \$ _____ Equipment \$ _____ Fees \$ _____

List Other Financial Aid you anticipate receiving for the Fall Semester:

Example: Pell Grant, Other Scholarships, Texas Workforce Commission Grant

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Write a paragraph on your goals and how you plan to achieve them:

I do hereby affirm that all the application information provided by me is true and correct to the best of my knowledge and that providing false information could disqualify me from consideration.

Signature of Applicant: _____ Dated: _____