

APPLICATION FOR CEDAR RAPIDS QUOTA CLUB SCHOLARSHIP AWARD

NAME OF APPLICANT: _____

CURRENT ADDRESS: _____
Street City State Zip Code

Have you received a Quota Club Scholarship previously?

Yes _____ Date(s) _____ No _____

Total amount of money received from Quota: \$ _____

Institution you plan to attend: _____

(complete mailing address)

Iowa address to show residency: _____

Married: _____ Children: _____

Are you or do you have any relatives who are members of Quota Club? _____

Explain _____

Are any recommendations from Quota Club members? _____

Hearing Disability that would qualify you for consideration?

Type of training that is your goal? _____

Father's name/address/occupation: _____

Mother's name/address/occupation: _____

Number of Brothers: _____ Sisters: _____

RESUME

NAME OF APPLICANT: _____

Have you received an award before? Yes _____ No _____

Area you are from: _____

School/Graduation dates: High School _____

School you are (or will be) attending: _____

Date you will graduate: _____

Quota relationship: _____

Family: _____

Vocational Choice: _____

High School Credits _____ Hours _____ GPA _____

College Credits: _____ Hours _____ GPA _____

School Honors: High School _____

College _____

Community Activities: _____

Names and addresses of those sending recommendations:

(1) _____

(2) _____

(3) _____

COSTS: \$ _____ RESOURCES \$ _____

PERSONAL GOAL STATEMENT: _____
