

UNITED SOCIETY OF FRIENDS WOMEN, INC John Sarrin Scholarship Application

Instructions: Be sure you have read and understand the qualifications and expectations of the Sarrin Fund's recipients as included in the brochure and on the United Society of Friends Women website. If there is additional information you feel the Sarrin Committee should have, please include at the end of this application.

Today's Date: _____

Scholarship is for the 2009 - 2010 school year.

Note: This application must reach the Clerk on, or before, January 1st, 2009. (Clerk's address is at the end of this application.)

Personal: Name:
Date of Birth:
Complete Home Address:
e-mail address:
Telephone:
Name of the local Friends Meeting of which you are a member:
Name of your Yearly Meeting:
Name of your Monthly Meeting Clerk:

Family: Your marital status: single ___ married ___ widowed ___ divorced ___

If Married: Name of spouse:
Occupation of spouse:
Name of children & their ages: (Indicate which if any are in college or a private school.)

If Not Married: Your Father's name:
Your Father's occupation:
Your Mother's name:
Your Mother's occupation:
Names of other dependents (not you) upon your parents:

Educational: Year completed in school: Secondary or High School:
Technical or Business School:
College:
Graduate School:

A copy of your most recent high school or college transcript is required at time of application.

Name of school you want to attend:
Complete address of this school:

Date you plan to begin your studies:
Date you expect to complete your studies:
Have you applied to this school? Yes ___ No ___
Have you been accepted to this school: Yes ___ No ___
Name of the academic field in which you plan to earn a degree:

Financial: Total Cost in the Academic Year required for **Board:**
Total Cost in the Academic Year required for **Books:**
Total Cost in the Academic Year required for **Room:**
Total Cost in the Academic Year required for **Transportation:**
Total Cost in the Academic Year required for **Tuition:**
Total Cost in the Academic Year required for **Other:**
Total Cost of the Academic Year (sum of above figures):

Total Funds from your own resources:
Total Funds available from family for the year:
Total Funds available or applied for from named school:
Total Funds from other sources:
Total Sarrin grant applied for to cover one academic year:
(The academic year is September to June unless specified otherwise)
Your own income in the past year (before taxes):
Your spouse or parents' income for the past year:

Please explain if there are any unusual circumstances effecting you and your family's financial status during the past year (or expected in the coming year), such as medical bills, major debts, etc.

Work Experience: Please list any work experience since high school (including the dates):
Present employment (including name, address, & phone of employer), & date begun:

Prior employment(s):

References: Names, addresses and telephone numbers of at least three persons who know you well, & whom you have asked to be references. At least two of these, if possible, should be Quakers.

Quaker -- Name:
Address:
Phone number:
Relationship:

Quaker -- Name:
Address:
Phone number:
Relationship:

3rd Reference -- Name:
Address:
Phone number:
Relationship:

Please write a paragraph on your **religious beliefs**:

Please indicate in a paragraph what **your plans** are following completion of your studies and **why you should receive** this grant:

Explain your beliefs about **drinking, smoking**, and the use of "**harmful drugs**".

Explain your beliefs about **participation in the military**.

Please include any additional information you wish the Sarrin Committee to have.

I have carefully read the provisions of the John Sarrin Fund and understand the qualifications of applicants. My signature below is my affirmation that the facts stated in this application are accurate to the very best of my knowledge and that I believe I qualify for a grant. Should I no longer meet the requirements or should my attitude toward the provisions of the Fund change, I agree to inform the Sarrin Committee promptly. I have a copy of the provisions in my files:

Today's date:

Your name/signature:

Mailing address &/or e-mail address:

Date on which I wish my grant to begin:

Send this application to the postal address, or as an attachment to the e-mail address below:

Dinah Geiger
Clerk, John Sarrin Scholarship Fund
2575 S. CR 1050 E.
Indianapolis, IN 46231
USA

[or]

dinageiger@att.net