



Send to:

Committee Chair

Mary Lambert
4545 Kuchera Lane
Manitowoc, WI 54220
mmlambert@sbcglobal.net

920-684-6368

TRANSCRIPTS:

You must enclose transcripts of all college classes from all colleges or technical schools you have attended in the past. If you have less than 12 college credits to date, you must enclose transcripts of high school, G.E.D., or H.S.E. classes. Failure to enclose the required transcripts will result in disqualification of your application from consideration for the scholarship.

Application Deadline:
Friday, March 30, 2012
No Exceptions.

Use additional paper if necessary

Grant Requirements:

- Must be 21 years of age or older.
- Must be a resident of Manitowoc County for the last calendar year.
- Must have a high school diploma, G.E.D., or H.S.E.D.
- Must have had a "break" in schooling at some point (i.e., not continuing education directly out of high school).
- Must be entering a program of study at an accredited post secondary institution within six (6) months of receiving the grant.

Grant Money is only available for one year

Any unused portion of the grant will revert to Service League of Manitowoc County.

Submit applications for the Service League Continuing Education Grant to:

Mary Lambert · 4545 Kuchera Lane, Manitowoc, WI 54220
920-684-6368 mmlambert@sbcglobal.net

All applicants will be notified of their status for this grant. Interview dates and times, if needed, will be arranged directly with the finalists.

Application Deadline: Friday, March 30, 2012

Any applications received after the deadline will NOT be considered - no exceptions.

Name

Address	City	State	Zip
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Home Phone

Email	Date of Birth
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Current School

School Planning to Attend

Major	Minor
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Service League of Manitowoc County
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High School Graduation Year: _____

- Diploma G.E.D. H.S.E.D. College Diploma

Requesting aid for

- 1st Semester 2nd Semester Summer School

Check all that apply

- Freshman Sophomore Junior Senior Graduate Student
 Full Time 12 or more credits Half Time 6 – 11 credits Part Time less than 6 credits

Tuition Cost per Semester for school you will be attending: _____

Other Colleges or Technical Schools attended: _____

- Marital Status** Single Married Separated Divorced

Dependents How Many _____ Ages _____

Financial Information Required

Annual Income	Yours	Spouse
Under \$10,000	<input type="checkbox"/>	<input type="checkbox"/>
\$10,000 - \$15,000	<input type="checkbox"/>	<input type="checkbox"/>
\$15,000 - \$20,000	<input type="checkbox"/>	<input type="checkbox"/>
\$20,000 - \$25,000	<input type="checkbox"/>	<input type="checkbox"/>
Over \$25,000	<input type="checkbox"/>	<input type="checkbox"/>

Do you receive aid from any of the following

- Division of Vocational Rehabilitation Parents/Family
 Social Security Social Services Other scholarships, grants or loans, etc.

If you answered yes to any of the above,
Please list the type and amount of assistance you receive:

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Will you work while in school? _____ **Hours per week?** _____
Dates Employer Job Responsibilities

Give a brief background of yourself and family:

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Why are you returning to school:

What special abilities do you have to help you achieve your degree:

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Additional information the committee may find helpful:

If using additional paper, please type your answers using 1" margins, double spaced and limit to one page.

Community Service (50 hours within the past year required)