

ALTRUSA INTERNATIONAL OF DELTA

Scholarship Application for Adult Non Traditional Student Continuing Education

Must be out of high school five years

Please type or print in ink the following information: Current Date: _____

NAME _____

PHYSICAL ADDRESS _____

MAILING
ADDRESS _____

TELEPHONE _____

Briefly state your

Career goals: _____

Name of Institution: _____

Planned coursework (specific classes): _____

Date of High School/GED graduation _____

Post High School education:

Name of School:

Location

Dates Attended

Present Employer:

Name of Supervisor

Telephone No.

School Year Applicant Expenses

Applicant Income

For the first two items make sure
you include all reasonable costs you will
incur for the time of the use of the scholarship.)

Tuition & Fees_____

Monthly_____

Books & Supplies _____

Wages/tips_____

TOTAL _____

Spouse's wages/tips_____

Monthly Living Expenses:

(identify is monies already approved or
Just applied for)

Mortgage/Rent & Utilities_____

Financial assistance*_____

Food & Household_____

JTPA/JOBS*_____

Clothing, laundry_____

Grants (e.g. PELL)*_____

Transportation _____

Scholarships _____

Daycare_____

Loans*_____

Medical Dental_____

Other_____

Other_____

Total Monthly Expenses_____

**Total Expenses including tuition and
Books**_____

TOTAL INCOME_____

