

**SCHOLARSHIP APPLICATION FORM, VOCATIONAL TRAINING  
THE DEMOCRATIC WOMEN'S CLUB OF INDIAN RIVER COUNTY, FLORIDA  
Confidential**

Please Mail Applications to: **Indian River Democrats**  
**Attention: DWC Scholarship Chair**  
**Post Office Box 651144**  
**Vero Beach, Florida 32965-1144**

**Deadline for Application Packet: Postmarked by March 31, 2010**

**Application requirements for Local Scholarship:**

1. Applicant (or if under 18 years, one parent) must be a registered Democrat
2. Application Form completed
3. A typed essay on: "Why it is important to me to obtain further education."
4. Financial Need.
5. Guidance Counselor Verification Form with GPA &/or GED status.

It is the responsibility of the student to make sure the guidance counselor's recommendation has been included and the complete packet has been sent.

Please complete all questions, putting "N/A" if "Not applicable"

1. Name \_\_\_\_\_

Last:	First:	Middle:
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2. Address:

City	State	Zip code
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Mailing Address (if different) \_\_\_\_\_

3. Telephone Number

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4. Date of Birth

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5. Email Address:

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**High  
School/GED**

**Experience**

6. High School/GED:	Anticipated date of Graduation or equivalent:	
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7. GPA:		Favorite course:
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11. List your, hobbies/passion, activities and positions held in school and community

12. Estimate total number of service hours you completed in last year: \_\_\_\_\_

13. Please list any achievements accomplished and/or awards received:

**Vocational Information**

- 14. Anticipated vocational training expenses for next year: \_\_\_\_\_
- 15. To what training program have you applied/been selected? #1 \_\_\_\_\_  
#2: \_\_\_\_\_ #3 \_\_\_\_\_
- 16. Proposed career area: \_\_\_\_\_

**Work Experience**

- 17. List employment experiences \_\_\_\_\_
- 18. Are you employed now? \_\_\_\_\_ Hours per week \_\_\_\_\_

**Family Information**

- 19. Who is a registered Democrat in your family? Self \_\_\_\_\_ Parent \_\_\_\_\_
- 20. Number of people in your family in college/vocational training \_\_\_\_\_
- 21. Your annual gross family income (before taxes) **STRICTLY CONFIDENTIAL**  
\_\_\_\_ Less than \$15,000, \_\_\_\_ \$15,000-\$30,000, \_\_\_\_ \$30,000-\$50,000 \_\_\_\_ Greater than \$50,000
- 22. List any unusual family expenses: \_\_\_\_\_
- 23. Please rate 0-10 by circling the number corresponding to the amount of support your family/your savings will be able to provide towards your training expenses:

0    1    2    3    4    5    6    7    8    9    10

Unable to support	Somewhat support	Considerable support	Total support
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I have read this application and to my knowledge all information is correct. I realize that failure to provide accurate information will result in this application being canceled.

Signature of student	Signature of parent/Guardian	Date

Print Name of student	Print Name of parent/Guardian

**Please return completed application to:  
Indian River Democrats, Attention: DWC Scholarship Chair  
Post Office Box 651144, Vero Beach, Florida 32965-1144**