

# Scholarship Application

## Instruction Sheet

**Purpose:** To provide scholarships to deserving young lady enrolled in or accepted into post-high school courses of study at accredited colleges, universities or other post-secondary education institutions.

**Award Components:** Winning applicants will be selected by the WOD Scholarship Committee.

**Eligibility Criteria:**

1. Applicant must be a Georgia resident
2. Applicant must be currently enrolled in a Georgia post-secondary study program (2-year or 4-year college, university, proprietary school or technical college) **OR** accepted into a post-secondary program of study **OR** a graduating high school senior with evidence of acceptance into a post-secondary institution
3. Applicant must demonstrate a positive altruistic character and commitment to community involvement determined through letters of recommendation

**Application Process:**

Applicant must submit the following items in one (1) package to the address below:

1. Completed and signed application form (if handwritten, please print legibly)
2. Completed essay
3. Two (2) letters of recommendation
  - a. One letter of recommendation **MUST** be an academic reference from an instructor, teacher, or counselor with significant knowledge of applicant's scholastic ability
  - b. One letter of recommendation **MUST** be a character reference from a non-family member, clergy, employer, or individual with significant knowledge of applicant's work ethic, interpersonal skills and behavioral experiences
4. Copy of recent academic transcript (may be unofficial)
5. Copy of acceptance letter or admissions certification to an eligible post-secondary study program (2-year or 4-year college, university, proprietary school or technical college)
6. Copy of current photo ID (driver's license, State issued ID, school ID, passport, etc.)

**Application Guidelines**

1. **DEADLINE** for scholarship application package submission – Thursday, May 1, 2025
2. Type or print legibly; incomplete or illegible applications will not be considered
3. If any question does not apply to you in this application, please put **N/A** in the space; do not leave any sections blank
4. You may download additional copies of the application online at [www.wodatlanta.org](http://www.wodatlanta.org)
5. You will be notified by e-mail or phone regarding the receipt and status of your application.

We ask for your patience during the application process.

NOTE: Scholarship funds will be awarded to the student recipient after final verification of submitted documents. Disbursement information will be provided to the student recipient upon notification of acceptance of scholarship.

**Deadline** for the application is **Thursday, May 1, 2025**. Submit all items in one package to the address below:

Women of Distinction Incorporated  
Attn: Scholarship Committee  
P.O. Box 1584  
Mableton, GA 30126  
Email copy to: [lhawkins@wodatlanta.org](mailto:lhawkins@wodatlanta.org)



# Scholarship Application

Please complete all sections of the application. Refer to the instruction sheet for additional assistance.

**The deadline for submission is Thursday, May 1, 2025**

## SECTION 1 – PERSONAL INFORMATION PLEASE PRINT

Last Name: _____	
First Name: _____ Middle Initial : _____ Age: _____	
Date of Birth: ____/____/____ Last 4 digits of Social Security Number: ____ _	
Street Address: _____	
City: _____ State: _____ Zip: _____	
Phone Number: _____	Alternate Phone: _____
Email Address or Social Network Address: _____	
Name of parent(s) or legal guardian(s): _____	
Street Address: _____	
City: _____ State: _____ ZIP: _____	
Phone of parents or legal guardians: _____	

## SECTION 2 – ACADEMIC INFORMATION

- I am currently a high school senior  
Name of School \_\_\_\_\_ Graduation Date \_\_\_\_\_
- I am currently enrolled in a post-secondary institution  
Name of School \_\_\_\_\_  
Major or Course of Study \_\_\_\_\_  
 I take on-line courses     I take face-to-face courses     I take both on-line and face-to-face courses
- Other – (explain– use back of sheet as needed): \_\_\_\_\_



Applicant Name \_\_\_\_\_

## SECTION 3 – ACTIVITIES AND INTERESTS

- A. List and briefly describe your extracurricular activities (e.g. memberships in organizations, sports, etc.); be sure to include the dates when you participated.
- B. List and briefly describe volunteer activities in which you have been involved; be sure to include what you specifically did and the dates when you participated.
- C. List honors or academic awards you have received (e.g. scholarly activities, research, etc.):
- D. List and briefly describe any work experience:

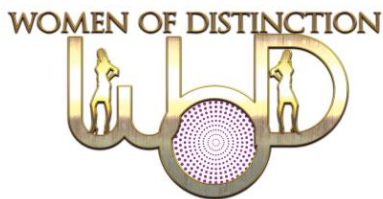
## SECTION 4 – SHORT ESSAYS – MUST BE TYPEWRITTEN - PLACE YOUR RESPONSE ON A SEPARATE SHEET

It is VERY important to be precise and follow these guidelines. Select ONLY ONE of the topics below and type your response on a separate sheet. Include your name and the essay question at the top of the sheet. **Maximum 200 word count.**

- A. Describe your academic goals and why you qualify to be a recipient of this award.
- B. Why is education important for your future and how will a scholarship impact your plans?
- C. Describe how you have made a positive difference within your community, school, church, family, etc.?

SECTION 5 – STATEMENT OF ACCURACY- I hereby affirm that the above information provided by me is true and correct to the best of my knowledge. I also consent that my picture may be taken and used for any purpose deemed necessary to promote the WOD Scholarship Program.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_



## Scholarship Academic Reference

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Thank you for your assistance in helping the scholarship selection committee learn more about the applicant and her qualifications. Please complete the following form as thoroughly as possible. Sign and date at the bottom; seal in an envelope and sign across the envelope flap. Return the sealed and signed envelope to the applicant, who must submit this document along with other documents in a complete package **before Thursday, May 1, 2025.**

**PLEASE PRINT**

Applicant Name \_\_\_\_\_

Reference Name \_\_\_\_\_

Title or Affiliation \_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_

In what capacity do you know the applicant? \_\_\_\_\_

List three words which describe the applicant's scholastic ability:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

List three of the applicant's strongest academic skills:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Describe how continued educational opportunities could impact the life of this applicant. Please include any additional information you feel would assist the committee in its decision. Use additional sheets as needed.

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Signature

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Date



## Scholarship Character Reference

Thank you for your assistance in helping the scholarship selection committee learn more about the applicant and her qualifications. Please complete the following form as thoroughly as possible. Sign and date at the bottom; seal in an envelope and sign across the envelope flap. Return the sealed and signed envelope to the applicant, who must submit this document along with other documents in a complete package **before Friday, May 1, 2025.**

**PLEASE PRINT**

Applicant Name \_\_\_\_\_

Reference Name \_\_\_\_\_

Title or Affiliation \_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_

In what capacity do you know the applicant? \_\_\_\_\_

List three words which describe the applicant's character:

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

2. \_\_\_\_\_

3. \_\_\_\_\_

List three of the applicant's strongest personality traits when interacting with others:

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

2. \_\_\_\_\_

3. \_\_\_\_\_

Describe how the applicant responds to criticism and correction:



## Scholarship Character Reference

Describe why you agreed to submit this letter of recommendation on the applicant's behalf. Please include any additional information you feel would assist the committee in its decision. Use additional sheets as needed.

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Signature

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Date