



2014 Volunteer Achievement Scholarship Application
Sponsored by The Rose & Womble Foundation

I. PERSONAL INFORMATION

Last Name: _____ First Name: _____ Middle Name: _____

Social Security #: _____ Phone #: () _____

Address: Street _____ City/State: _____ Zip: _____

Date of Birth: / / Marital Status (circle one): Single Married Other

If married, list spouse's full name and address:

Are you a U.S. citizen? (circle one): YES NO

Parent/Guardian Information:

Father/Guardian:
Last Name: _____ First Name: _____ Middle Name: _____

Address: Street _____ City/State: _____ Zip: _____

Employer: _____ Occupation: _____

Mother/Guardian:
Last Name: _____ First Name: _____ Middle Name: _____

Address: Street _____ City/State: _____ Zip: _____

Employer: _____ Occupation: _____

List the names of all family members living in your home (excluding yourself & aforementioned parents/guardians):

Name	Age	Relationship	Employment/School
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Name of Rose & Womble employee or agent who is sponsoring your application _____

II. FINANCIAL INFORMATION

Father/Guardian's gross annual income from wages: \$ _____

Father/Guardian's annual income from all other sources: \$ _____

Mother/Guardian's gross annual income from wages: \$ _____

Mother/Guardian's annual income from all other sources: \$ _____

If you are not living in a two-parent house-hold, to what extent is the non-resident parent contributing to your continuing education? \$ _____

III. ACADEMICS & ACTIVITIES:

High School(s) Attended:

Name:	City/State:	Dates attended (mo/yr)
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Name:	City/State:	Dates attended (mo/yr)
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Awards and honors you have received:

Special schools or programs in which you have participated:

School/Class Offices Held:

IV. REFERENCES [Provide NO MORE THAN 3 – one MUST be a Rose & Womble Agent or Employee]

Last Name:	First Name:	Phone #:
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Address: Street	City/State:	Zip:
<hr/>		
Title or Position:		
<hr/>		

Last Name:	First Name:	Phone #:
<hr/>		
Address: Street	City/State:	Zip:
<hr/>		
Title or Position:		
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Last Name:	First Name:	Phone #:
<hr/>		
Address: Street	City/State:	Zip:
<hr/>		
Title or Position:		
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V. CERTIFICATION

Parent/Guardian:

To the best of my knowledge, the information stated in this application is complete and correct.

I understand that (student's name) _____ is applying for financial aid to help with the educational expenses of continuing education and I approve of this application. Should he/she win, I also grant permission to Rose & Womble to publish photos of my child.

Parent/Guardian's signature	Date
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Student:

To the best of my knowledge, the information stated in this application is complete and correct.

Student's signature	Date
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***** When submitting your entry, be sure to enclose the following:**

- Essay, not to exceed 2 pages, on Volunteer Achievement
- Application
- Transcripts
- Documents requested to prove financial need

- Up to 2 letters of recommendation – one must be from a Rose & Womble Employee or Agent
- *** Applications must be postmarked by April 1, 2014***