



**The Altrusa “Possibilities” Scholarship Application Form**  
**“Making the impossible “Possible” for St. Johns Families.”**

**A. General Information**

Applicant First Name \_\_\_\_\_ Last Name \_\_\_\_\_

E-mail address \_\_\_\_\_

Home Address \_\_\_\_\_

City/State \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

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

Highest Grade Completed: \_\_\_\_\_ Diploma Received: YES NO

Employment Status: Full-Time Part-Time Seasonal Unemployed Retired Seeking Employment  
\_\_\_\_\_

Place of Employment: \_\_\_\_\_

Monthly Income: \_\_\_\_\_

Marriage Status: \_\_\_\_\_ Parenting Status: Single Co-Parent

Other: \_\_\_\_\_

Are you the Primary Caregiver? Yes No Number of Children: \_\_\_\_\_

Referral Contact Name/Agency \_\_\_\_\_

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

**B. Education Information**

School Applicant will attend \_\_\_\_\_  
\_\_\_\_\_

Department, Major, or Program\_

Department Address\_

City/State\_\_\_\_\_ Zip/Postal Code\_\_\_\_\_

Expected Graduation Date \_

Certificate/ Degree Expected \_

### C. Application Statement

The information provided in my application is, to the best of my knowledge, complete and accurate, and I understand that false statements on this application will disqualify me from the scholarship.

I, (please print name) \_\_\_\_\_, give permission for any college or school to release to the Possibilities Scholarship Program any information necessary to process my application to the Program.

Applicant's Signature \_

(Date)

### D. Summary

#### TO COMPLETE THIS APPLICATION YOU MUST:

1. Complete this application in its entirety. Incomplete applications will not be considered. Please utilize your referral agency as a resource when completing and submitting your application, if needed.
2. Send with this completed application a one-page typed statement telling why you are applying for the scholarship, your qualifications, and your educational and career goals.
3. Send with this completed application your one professional letter of recommendation.
4. Be available to attend a future meeting of the Altrusa Club.

Send application materials to [mimicooper@verizon.net](mailto:mimicooper@verizon.net). Alternatively, you can submit completed applications to:

Via Mail:

Altrusa International of Saint Augustine, INC  
Possibilities Scholarship Program  
Post Office Box 3372  
Saint Augustine, FL 32085

In Person: Early Childhood Services

102 Martin Luther King Avenue  
Saint Augustine, FL 32084

Questions about the application process may be directed to Mimi Cooper at 978.766.0107 or Christine Hatch at 904-547-8957

1/14/24

## **Applicant Statement**

Please describe why you are applying for the scholarship, your qualifications, and your educational and career goals.