



MORROW CIVIC WOMAN'S CLUB



ANDREA LANE MEMORIAL SCHOLARSHIP APPLICATION

Name _____ Phone _____

Email address _____

Street address _____ City _____ Zip code _____

Occupation _____ Date of birth ____/____/____

Marital status _____ Number of dependents living in the home _____

Family income (Please include all sources of income)

Under \$10,000 _____ \$10,000-\$20,000 _____ \$20,000-\$30,000 _____ over \$30,000 _____

Other scholarships or grants you receive _____

Are you currently attending Clayton State University? Yes _____ No _____

Date admitted _____ Grade Point Average _____

Major field of study _____

What type of degree are you pursuing? _____

If you are not currently enrolled, have you been accepted for the upcoming semester? _____

List one or two persons associated with Clayton State University who could be contacted as references.

Name	Email Address	Daytime Phone Number
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Requirements:

Student must be accepted at Clayton State University.
Student must be a female 25 years or older who is returning to school.
Application and narrative must be received by May 1, 2023.

On the next page, please type a one-page statement on your educational goals and why continuing your education is important to you.

Save your application, and then submit it by email to
mcwcscholarship@gmail.com

