CHAPTER DO/P.E.O. SISTERHOOD Scholarship for women

Fall 2020



The P.E.O. Sisterhood is a philanthropic, educational organization dedicated to giving women increased opportunities for higher education.

SCHOLARSHIP PROGRAM

The Chapter DO Sisterhood Scholarship for Women is available annually to area women who have returned to or who are beginning their post-secondary education after a lapse of at least one year in their formal education. This scholarship is not intended for the traditional woman going to college directly from high school. Applicants may be full or part-time (minimum of 6 credits per semester required) attending a university, college, or technical college. Applicants must be able to provide proof of citizenship in the USA/Canada and be a resident of Fond du Lac County or a graduate of a Fond du Lac County high school. NOTE: This scholarship is renewable, and we encourage scholarship recipients to reapply for the DO Scholarship annually until your education is complete.

SCHOLARSHIP GUIDELINES

Application will be evaluated on the following criteria:

Educational background
Employment history
Financial need may be considered

Personal statement of educational and career goals

Completed applications must be postmarked or received no later than March 30, 2020.

Please mail to: or e-mail to:

Sally Boatman sboatmanfd4@gmail.com

486 Mustang Lane Fond du Lac WI 54935

Approved Scholarship recipients will be notified via e-mail by the PEO Foundation Board of Trustees approximately 2 months following the scholarship deadline. Recipients must complete the Acceptance of Scholarship Form and submit it as soon as possible to the PEO Foundation office. A Confirmation of Enrollment form must be completed and submitted to the PEO Foundation before funds will be released.

CHAPTER DO/P.E.O. SISTERHOOD Scholarship for women

Fall 2020

Previous Recipient

1st Time Applicant

Please type or print clearly

1) PERSONAL INFO	RMATION								
Name									
Address									
Personal Email Addr	ess (not school	email)							
County of Residence	;								
Phone									
Birth date		Student ID or Last 4 digits of SS#							
Number of depender	nts & ages								
2) EDUCATIONAL HISTORY (1st time applicants only)									
High School	Location	Dates Attended	Credits Earned/GPA						
Secondary Education	า								
3) EDUCATION INSTITUTION YOU WILL BE ATTENDING									
Name									
Address									
Full Time	Part Time	Number of credits this term							
Expected date of gra	duation								
	ol. That docum	T of your most recent formal education of your most recent can be obtained by calling the so							

CHAPTER DO/P.E.O. SISTERHOOD Scholarship for women

Fall 2020

4. EMPLOYMENT: List recent work experience. (If re-applying, only current employing)	. EMPLOYMENT	List recent v	work experience.	(If re-applying.	only current	employmo
--	--------------	---------------	------------------	------------------	--------------	----------

Places of work (name, address, job title / duties, dates)

5. FINANCIAL INFORMATION

Total household annual income Include your income, spouse's income, child support, alimony, and government support as well as any other financial benefits you may receive.

Total annual educational expenses
Include tuition, fees, books, childcare,
transportation and any other expenses related to
your education. Please note what those expenses
are.

Total annual income

Total annual educational expenses

PLEASE NOTE OTHER FINANCIAL NEED INFORMATION ON A SEPARATE PAGE.

6) PERSONAL STATEMENT (If re-applying, please provide us a brief update)

Your statement should be no more than one typewritten page attached to this application. The following topics should be addressed:

Tell us a little about yourself - your living situation, strengths, interests, and how you are helpful to others in your community of friends, neighbors, and the community at large, if applicable. What are your educational plans and career goals? How will this scholarship help you achieve those goals?

I hereby certify that I am a citizen of USA/Canada and that the information I have submitted is correct and complete.

Signature Date submitted