



**Altrusa Club of Galesburg is pleased to offer a scholarship of \$1,000 for the upcoming academic year.**

To receive this grant, you must:

- Be a registered student returning to the workforce or seeking advancement in current employment. Students who are attending college directly following high school are not eligible for this award.
- Be pursuing a degree or certificate.
- Use the scholarship to attend college the upcoming fall semester. If you cannot attend fall semester, arrangements may be made with Altrusa to enroll in spring semester. If you do not enroll in either semester, the award will be returned to Altrusa.
- List a Knox County address as your primary residence while using the scholarship.
- Qualify for financial aid through the college you are attending.
- Submit three letters of recommendation or reference.
- Complete the attached application, giving career goals and life experiences that qualify you for this award.

Because this scholarship is awarded by Altrusa Club of Galesburg, we ask the winner to be our guest at an Altrusa Club dinner meeting to meet our members and receive congratulations and encouragement. We also ask that you agree to publicity concerning the granting of the scholarship.

Qualified applicants should submit their applications for consideration by **May 31**.

A scholarship recipient will be selected by the end of June.

**Mail:** Altrusa Club of Galesburg, Inc.  
% Thrivent Financial Services  
451 N. Henderson St.  
Galesburg, IL 61401

**Email:** [galesburgaltrusa@gmail.com](mailto:galesburgaltrusa@gmail.com)

**Return this information form by May 31.**



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**ALTRUSA CLUB OF GALESBURG SCHOLARSHIP APPLICATION FORM**

**Name** \_\_\_\_\_ **Birth date** \_\_\_\_\_

**Home address** \_\_\_\_\_  
Number and street \_\_\_\_\_ Apartment number \_\_\_\_\_

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Cell phone** \_\_\_\_\_ **Work phone** \_\_\_\_\_

**Email address** \_\_\_\_\_

**Current employer** \_\_\_\_\_

**College attending** \_\_\_\_\_ **Major** \_\_\_\_\_

**Contact person at Financial Aid Office** \_\_\_\_\_

**Date of High School Graduation or GED** \_\_\_\_\_

**How many other scholarships are you receiving?** \_\_\_\_\_

**List any jobs you have held and describe the type of work, or attach a separate sheet or resume.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SCHOLARSHIP APPLICATION (continued)**



Please tell the Altrusa Scholarship Committee about yourself and why you should receive the Altrusa Scholarship. Write a brief introduction explaining what career you plan to pursue and what interests you about this field. Do you have a favorite job experience and/or something you've done that you're particularly proud of? Feel free to provide this information as a separate document.

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Applicant's Signature

Date

**In addition to this form, three completed recommendations must be submitted in order for your application to be considered. Please contact your references and make sure they return the form to you or mail/email directly to Altrusa.**

**ALTRUSA CLUB OF GALESBURG SCHOLARSHIP  
RECOMMENDATION FORM**



The applicant \_\_\_\_\_ requests this recommendation information be submitted for the Altrusa Club of Galesburg Scholarship.

Please rate according to your knowledge of the applicant:

1. <b>Academic Leadership</b>	Fair	Average	Good	Strong	Unknown
2. <b>Leadership</b>	Fair	Average	Good	Strong	Unknown
3. <b>Initiative</b>	Fair	Average	Good	Strong	Unknown
4. <b>Responsibility</b>	Fair	Average	Good	Strong	Unknown
5. <b>Judgment</b>	Fair	Average	Good	Strong	Unknown

Please comment on the qualities of the applicant based on your knowledge or contact with him or her. Use the reverse side or attach a separate document if desired.

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Signature

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School/Organization/Business

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Length of time known

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Position

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Date

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Phone

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