Lockport Woman's Club

Sally Korst Memorial Scholarship Application

Name _____
First Middle Last

Address _____
Street

_____
City State ZIP

Day Phone _____ Evening Phone _____

Are you? circle one Single Married Widowed Divorced

Number of children _____ Age(s) of child(ren) _____

Are you employed? Yes No Employer Name _____

Employer Address _____

Position _____ Number of years _____

Annual family income circle one Under $10,000 $10,000-$20,000 $20,000-$30,000 Over $30,000

Education circle highest level completed

Grade/Middle School								High School				College			
1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4

Are you in school now? Yes No Name of School _____

- How did you learn about this scholarship? _____
- On a separate piece of paper, please write a brief description of yourself and your plans for the future.
- If you are awarded this scholarship, are you willing to attend the November meeting of the Lockport Woman's Club? **Yes No**
- This application must be accompanied by two letters of reference and returned by October 15th to:

The Sally Korst Memorial Scholarship Committee
Lockport Woman's Club
PO Box 256
Lockport, Illinois 60441