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| --- | --- |
| Full Name: | First Middle Last |
| Residence Street Address:  No PO boxes please. | Street |
| City State Zip Code |
| Mailing Address: | Street or PO Box |
| City State Zip Code |
| Email Address: |  |
| Telephone Number(s): | Home Cell |
| Brunswick Community College Program of Study: |  |
| Academic Plans after Brunswick Community College:  List schools you are considering and your planned program of study. |  |
| Extra-curricular Activities:  List (e.g. sports, clubs, charities, church) activities in or outside of school and describe your participation. |  |
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| Work History, including Military Service:  List most recent employers, contact persons the selection committee can ask about your work or service, and dates worked or served. |  |
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| Briefly describe why this scholarship is important to you. |  |
| References:  List three (3) persons who can be references for you. Give his or her name, title (or how you know them), and contact information. |  |
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| Send completed application and current degree audit (available in WebAdvisor) to:  Democratic Women’s Education Grant  c/o Brunswick County Democratic Party  PO Box 289  Supply, NC 28462 | |