



GFWC-DESERT JADE WOMAN'S CLUB

Name: _____ Date: _____

Current Address: _____ Phone: _____

City / ST / Zip: _____ Email: _____

Parents' Names: _____

Name of school now attending: _____

Name of school you are planning to attend: _____

Proposed program of study _____

Brief scholastic record and grade point average. List extracurricular activities. If more space is needed, please attach to this sheet. . .

Are you currently employed? ☐ Yes ☐ No

If yes, ☐ Part Time ☐ Full Time

Place of employment: _____

Father's Occupation: _____ Mother's Occupation: _____

Approximate annual income of parents: Please check one.

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Below \$10,000 | <input type="checkbox"/> \$10,000-\$20,000 | <input type="checkbox"/> \$20,001-\$30,000 | <input type="checkbox"/> \$30,000-\$40,000 |
| <input type="checkbox"/> \$40,001-\$50,000 | <input type="checkbox"/> \$50,001-\$60,000 | <input type="checkbox"/> \$60,001-\$70,000 | <input type="checkbox"/> \$70,001-\$80,000 |
| <input type="checkbox"/> \$80,001-\$90,000 | <input type="checkbox"/> Above \$90,000 | | |

Family members' (siblings) ages: _____

• Please enclose the following:

- TRANSCRIPT
- RECENT PHOTO
- LETTER OF RECOMMENDATION FROM A HIGH SCHOOL TEACHER OR HIGH SCHOOL COUNSELOR

ALL INFORMATION ON THIS REPORT WILL BE KEPT CONFIDENTIAL.