



# CALIFORNIA P.E.O. SCHOLARSHIP APPLICATION

Please refer to application guidelines for deadline and filing information

**Applicant must be a California resident and a citizen or permanent legal resident of the United States or Canada, and a woman attending a school in the United States or Canada.**

Identify the scholarship(s) for which you are applying on the line below.

Is this application:  First time  Reapply  Renewal Year applied for: \_\_\_\_\_

**An incomplete application will disqualify you from being considered for a scholarship.**  
All information is subject to verification and will be held confidential.

### Section I. PERSONAL INFORMATION

NAME \_\_\_\_\_  
Last First Middle

LAST 4 DIGITS OF SOCIAL SECURITY # \_\_\_\_\_ AGE \_\_\_\_\_ BIRTH DATE \_\_\_\_\_ BIRTHPLACE \_\_\_\_\_

PERMANENT ADDRESS \_\_\_\_\_  
Street City State Zip

PRESENT ADDRESS \_\_\_\_\_  
Street City State Zip

PHONE NUMBER \_\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_

CALIFORNIA RESIDENT:  Yes  No CITIZENSHIP/Permanent Legal Resident:  United States  Canada

COUNTY OF RESIDENCE IN CALIFORNIA: \_\_\_\_\_

MARITAL STATUS:  Single  Married  Separated  Divorced  Widowed

NUMBER of CHILDREN \_\_\_\_\_ AGES OF DEPENDENT CHILDREN \_\_\_\_\_

OTHER DEPENDENTS: THEIR AGE(S) AND RELATIONSHIP(S) \_\_\_\_\_

#### **IF MARRIED:**

SPOUSE'S NAME \_\_\_\_\_ SPOUSE'S OCCUPATION \_\_\_\_\_

SPOUSE'S ANNUAL INCOME \_\_\_\_\_

Is Spouse a student?  Yes  No If YES:  Full Time  Part Time

Spouse's - Name/Location of School \_\_\_\_\_ Degree Goal \_\_\_\_\_

Spouse's - Expected Date of Completion \_\_\_\_\_ Annual Tuition \_\_\_\_\_

**IF DEPENDENT:**

FATHER'S NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_

OCCUPATION \_\_\_\_\_ ANNUAL INCOME \_\_\_\_\_

MOTHER'S NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_

OCCUPATION \_\_\_\_\_ ANNUAL INCOME \_\_\_\_\_

Ages and relationship of other dependents your parents support:

Name	Relationship	Age

If a dependent (other than you) requires parental contribution for private school, college, graduate or professional school, please indicate name and age of dependent and annual amount of support:

Name	Age	Amount

WHERE DID YOU HEAR ABOUT THIS SCHOLARSHIP?

\_\_\_\_\_

WERE YOU REFERRED TO THIS SCHOLARSHIP APPLICATION BY A MEMBER OF P.E.O.?  Yes  No

**If YES:**

P.E.O.'s Name: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Chapter Letters: \_\_\_\_\_

ARE YOU A MEMBER OF THE P.E.O. SISTERHOOD?  Yes  No Chapter Letters: \_\_\_\_\_ State: \_\_\_\_\_

ARE YOU RELATED TO A MEMBER OF P.E.O.?  Yes  No

**If YES:**

P.E.O.'s Name: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Chapter Letters: \_\_\_\_\_

Relationship: \_\_\_\_\_



**Section III. WORK EXPERIENCE within the last five years**

EMPLOYMENT (within the last five years starting with the **most recent first**):

TITLE OF JOB/EMPLOYER - NAME OF COMPANY	Dates Employed	Full or Part Time?

VOLUNTEER WORK (within the last five years starting with the **most recent first**):

Organization	Type of Service	Date Served

**Section IV. ACTIVITIES, HONORS AND AWARDS**

HONORS AND AWARDS RECEIVED (within the last five years starting with the **most recent first**):

Organization	Date Received	Award

SIGNIFICANT EXTRA-CURRICULAR ACTIVITIES IN WHICH YOU HAVE PARTICIPATED:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

HOBBIES AND INTERESTS:

\_\_\_\_\_

\_\_\_\_\_

**Section V. FINANCIAL STATUS (Complete where applicable)**

**Total loan amount owed to date:** \_\_\_\_\_

**Projected Personal MONTHLY Living  
for Academic Year applying for:**

Rent or Mortgage Payment \_\_\_\_\_  
Utilities and Phone \_\_\_\_\_  
Groceries (Food, etc.) \_\_\_\_\_  
Medical & Dental \_\_\_\_\_  
Automobile (Gas & Repairs) \_\_\_\_\_  
Clothing & Incidentals \_\_\_\_\_  
Insurance (Car, Health) \_\_\_\_\_  
Childcare Expenses \_\_\_\_\_  
Loan Payments (Credit cards) \_\_\_\_\_  
Loan Payments (Car) \_\_\_\_\_  
Loan Payment (Educational) \_\_\_\_\_  
Loan Payment (Other) \_\_\_\_\_  
Miscellaneous Expenses \_\_\_\_\_

**Total MONTHLY Living Expenses:** \$ \_\_\_\_\_ **(A)**

**Projected MONTHLY Income:**

Salary (Part or full time) \_\_\_\_\_  
Parental or spousal contributions \_\_\_\_\_  
Savings and Securities Income \_\_\_\_\_  
Child or Alimony Support \_\_\_\_\_  
Miscellaneous Income (Identify Source) \_\_\_\_\_

**Total MONTHLY Income:** \$ \_\_\_\_\_ **(B)**

**Yearly Expenses, Tuition, Income and Loan Summary**

Yearly Projected Expenses (Monthly x 12) **(A x 12)** \$ \_\_\_\_\_ **(C)**  
Yearly School Expenses (Tuition, Fees, Books, etc.) \_\_\_\_\_ **(D)**  
**Total Yearly Expenses: (C + D)** \$ \_\_\_\_\_ **(E)**  
Yearly Projected Income (Monthly x 12) **(B x 12)** \$ \_\_\_\_\_ **(F)**  
Yearly Scholarships and Grants \_\_\_\_\_ **(G)**  
**Total Yearly Income: (F + G)** \$ \_\_\_\_\_ **(H)**  
**Positive (Negative) Yearly Cash Flow: (E - H)** \$ \_\_\_\_\_

**Section VI. SCHOLARSHIPS, LOANS & GRANTS**

SCHOLARSHIPS, LOANS OR GRANTS PRESENTLY APPLIED FOR (*excluding P.E.O.*):

---

---

---

HAVE YOU APPLIED FOR ANY OTHER P.E.O. SCHOLARSHIPS OR GRANTS BEYOND THE SCHOLARSHIP(S) ON PAGE 1 OF THIS APPLICATION? (*please list*):

---

---

---

P.E.O. SCHOLARSHIPS OR GRANTS PREVIOUSLY RECEIVED:

Source	Date Received	Amount

WHAT MAKES YOUR FINANCIAL NEED SPECIAL?

---

---

---

---

---

## SIGNATURES AND RELEASES

I have read and understand the GUIDELINES for this scholarship, and hereby certify that the above information is true and accurate.

If I receive a scholarship from the California State Chapter P.E.O. Sisterhood, I give permission to release my name, name of college, year in college and my major for use on its web site, displays, and newsletters.

\_\_\_\_\_ **Initial**                      *or* Please do not release any information about my scholarship. \_\_\_\_\_ **Initial**

If I receive a scholarship from the California State Chapter P.E.O. Sisterhood, I give permission to release my name, contact information and scholarship information to a local P.E.O. chapter that may wish to contact me.

\_\_\_\_\_ **Initial**                      *or* Please do not release any information about my scholarship. \_\_\_\_\_ **Initial**

By signing my name in the signature space below, I certify that the information in this application is complete and accurate. I understand that my application will be deemed incomplete and not accepted unless it is signed.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**Signature of parent or legal guardian is required if applicant is under 18 years of age.**

Signature of Parent/Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

---

*Please follow the instructions in the application guidelines for number of copies to submit and signature requirements.*

---

***Please review application and be sure all sections are completed.***