

**APPLICATION FORM  
MANATEE COUNTY DEMOCRATIC WOMEN'S  
MARGE KINNAN SCHOLARSHIP FORM**

APPLICANT: Before filling out this form, please read page on RULES.

NAME: (First, Middle, Last) \_\_\_\_\_

SOC. SEC.#: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ PLACE OF BIRTH: \_\_\_\_\_

HOME ADDRESS: Manatee County Residents ONLY:

\_\_\_\_\_

CAMPUS ADDRESS :(if applicable) \_\_\_\_\_

HOME TELEPHONE: \_\_\_\_\_ CAMPUS TELEPHONE: \_\_\_\_\_

HIGH SCHOOL:(Name, Location) where you graduated or will graduate \_\_\_\_\_

\_\_\_\_\_

UNIVERSITY WHERE YOU ARE NOW ENROLLED OR PLAN TO ENROLL: \_\_\_\_\_

\_\_\_\_\_

CURRENT OR PROPOSED MAJOR: \_\_\_\_\_

CAREER GOAL OR GOALS: \_\_\_\_\_

ACADEMIC OR OTHER HONORS :(High school/college) \_\_\_\_\_

\_\_\_\_\_

EXTRA- CURRICULAR AND/ OR COMMUNITY ACTIVITIES \_\_\_\_\_

\_\_\_\_\_

STATEMENT OF FINANCIAL NEED:(Check #4 on back page before completing)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

APPLICANTS 25 years or older MUST complete the following: Others may do so if applicable:

POLITICAL ACTIVITIES: (Campaign work, Membership, Offices held) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_