

**Leading Ladies Outstanding Women’s Scholarship Application Form**

**This application is open to any female, or any individual identifying as female who has completed at least 50 hours of community service, and is a resident of Southington, CT. Applicants may be high school seniors, graduates currently enrolled in a place of higher education, or adults returning to education. Please only fill out the appropriate information as it pertains to your situation.**

**General Information**

Date Completed: Student ID# (if applicable):  
Applicant Name: DOB:  
Street Address: Phone Number:  
Town/City: State: Zip:  
High School / College:

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**Education (High School Seniors, or Adults returning to Higher Education)**

Class Rank: GPA:  
Intended Major: Minor if applicable:  
Colleges Applied to (order of preference):  
1. 2.  
3. 4.  
5. 6.

Indicate the 5 most challenging classes you took in high school and year taken:  
1. 2.  
3. 4.  
5.

Indicate any education experiences you have taken part in outside of the high school classroom (internships, job shadows, workshops, educational enhancement, college courses etc.)

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**Education (Students currently enrolled in a place of higher education)**

(Delete cell)

GPA:

Current Major:

Minor if applicable:

Classes taken in most recent semester and grade earned:

- |    |    |
|----|----|
| 1. | 2. |
| 3. | 4. |
| 5. | 6. |

Indicate organizations you are involved in outside of the classroom:

- |    |    |
|----|----|
| 1. | 2. |
| 3. | 4. |
| 5. |    |

Indicate any honors, awards, or publications received:

- |    |    |
|----|----|
| 1. | 2. |
| 3. | 4. |
| 5. | 6. |

Indicate any education experiences you have taken part in outside of the classroom (internships, job shadows, workshops, educational enhancement, etc.)

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**Essay Questions**

**Please answer all four questions with a short paragraph.**

1. What does higher education mean to you, and how do you plan on using this education to further your career?

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2. How do you plan on using your future career to positively impact other women?

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3. What will this scholarship mean to you, should you be awarded it?

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4. How have your community service experiences shaped your future interests, and impacted your life overall?

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**Signatures**

By signing below I acknowledge that all the information provided on this application is true and complete to the best of my knowledge.

Applicant Signature: \_\_\_\_\_

If applicant is under the age of 18 at the time of application a legal guardian is required to sign below. The guardian acknowledges the information provided is accurate, and provides permission for release of this information to the scholarship committee for purposes of this application process.

Parent/Guardian Signature: \_\_\_\_\_

Parent/Guardian email or phone number for verification: \_\_\_\_\_

Please send completed application and supplemental letters to:  
**Leading Ladies Scholarship Committee**  
**P.O. Box 949**  
**Southington, CT 06489**

Or email completed forms and letters to:  
[Leadingladiesscholarship@gmail.com](mailto:Leadingladiesscholarship@gmail.com)