



ATLANTIC COUNTY WOMEN'S HALL OF FAME

SCHOLARSHIP

APPLICATION

DATE: _____

NAME: _____

ADDRESS: _____

HIGH SCHOOL: _____

TEACHER: _____

GPA: _____ **CLASS RANK:** _____

\$500 SCHOLARSHIPS

This scholarship is offered to a female graduating senior from an Atlantic County high school who demonstrates excellence in academic achievement, leadership and community involvement. Please answer the statement below and ask your teacher and guidance counselor to each provide a statement of recommendation. **Deadline: FEBRUARY 15, 2017. Send completed application to: ACWHF Scholarship, c/o Patty Prendergast, 2416 Arctic Ave. Atlantic City, NJ 08401**

GIVE YOUR RESPONSE TO THE FOLLOWING STATEMENT: Explain how you see yourself as a leader in school and community. (Respond on following page).

How Do You See Yourself As A Leader?