Mary Hall Scholarship Fund
of
P.E.O. Chapter CY

Chapter CY of P.E.O. Sisterhood, Marshfield, Wisconsin has established a continuing education fund for women in the name of Mary Hall who was, at the time of the chapter’s chartering, the Organizer of the Wisconsin State Chapter and the guiding influence of the group. The scholarship award amount will be determined by the number of qualified candidates and the funds available.

Eligibility Criteria:

1. The applicant is a woman who has had at least 12 consecutive months as a non-student and is accepted in an accredited program (see more detailed information on the application) at the post-secondary level. Preference will be given to Central Wisconsin women.

2. The applicant completes the application form and requests two letters of recommendation from non-relatives.

Application Process:

All parts of the application must be received by April 4, 2016
Applications must be typed in a standard 12 point font.

1. Complete the three page application form and return to the chairperson.
2. Insure that the two letters of recommendation have been mailed directly to the committee chairperson. These letters should come from the person who has written the letter.
3. Submit a personal letter describing yourself, your family, and your interest in obtaining this financial assistance.

Please note:
The applicant will be notified of the status of her application on or before May 16, 2016.
The scholarship check is designated for tuition and will be sent to the recipient’s school.
Mary Hall Scholarship Fund Application Form
Reminder: Applications must be typed in a standard 12 point font.
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Please return by April 4, 2016 to:
Jeanne Stefonik
417 Bluebird Lane
Marshfield, WI 54449

Date: ________________________________________________________________

Applicant’s Name: ____________________________________________________

Address: ____________________________________________________________

Phone Number: _______________________________________________________

Email Address: _______________________________________________________

Education:

High School: _________________________________________________________

Date of High School Graduation: _______________________________________

Post High School/College if applicable; this would include any education that you have pursued since high school. Please include dates that you were a student:

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For what length of time was your education interrupted? _________________

What accredited program are you currently enrolled in, and when were you admitted to this program?

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What school are you attending now, and what is your anticipated date of graduation?

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What degree, certification, or license will you acquire when you complete your education?

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What is your overall grade point average? (GPA): ______________________
In your career preparation, describe your educational goals and your program of study.

Describe the impact that this funding will have for you, should you receive it. (Include financial information here that explains your financial need more clearly.)

Detail your current or most recent work experience, if applicable (employer, position, duties, and dates of employment).
How did you learn about the Mary Hall Scholarship?

Include additional information that you would like the committee to have in considering your application:

Please list the names, addresses, telephone numbers, and relationships of the two people that you have asked to write letters of recommendation. Letters should be sent directly to the chairperson of the committee from the person writing the letter of recommendation. It is suggested that the applicant provide her letter writers with stamped envelopes addressed to Jeanne Stefonik, 417 Bluebird Lane, Marshfield, WI 54449. The writer will mail the reference, and it is advised to ask the writer to inform the applicant when the letter has been sent.

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2)
Applicants receiving a scholarship must provide the address of the payee—the school to which the check will be sent. Please provide the name and address of your school. Provide a student identification number if this is required. Checks will not be issued to students.

Name of school: ________________________________

Address: ____________________________________________________________________________

____________________________________________________________________________________

Campus ID # if applicable: _____________________________________________________________

My signature certifies that the information provided in this application is accurate and truthful. I understand that willful omission or falsification will eliminate me from consideration.

__________________________________________  _________________________________________
Applicant’s Signature                        Date