



Sisters Support Scholars Scholarship Application

Date _____

Name _____ Social Security # _____
First Middle Last

Current Address _____ Until when? _____

Permanent Address

Current Phone _____ cell home

E-Mail Address _____

Date of Birth: ___/___/___ Please Circle: Male / Female

Do you possess a valid driver's license? Yes[] No[] Which state? _____

Are you legally authorized to be employed in the USA? Yes[] No[]

Have you ever been convicted of a criminal offense? Yes[] No[] If yes, please explain

Education Information

	School Name, City, and State	Course of Study/Major	Graduated	Degree Received
High School			Yes [] No []	
Desired College			Yes [] No []	
Other			Yes [] No []	

Employment History

List all work experience beginning with your **current or most recent position**.

Company Name _____ Employed from _____ to _____
Address(Street, Address City, State, Zip) _____
Name & Title of Immediate Supervisor _____ Telephone _____
Your Title _____ Reason for leaving _____
Description of Responsibilities _____

Company Name _____ Employed from _____ to _____
Address(Street, Address City, State, Zip) _____
Name & Title of Immediate Supervisor _____ Telephone _____
Your Title _____ Reason for leaving _____
Description of Responsibilities _____

Company Name _____ Employed from _____ to _____
Address(Street, Address City, State, Zip) _____
Name & Title of Immediate Supervisor _____ Telephone _____
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Company Name _____ Employed from _____ to _____
Address(Street, Address City, State, Zip) _____
Name & Title of Immediate Supervisor _____ Telephone _____
Your Title _____ Reason for leaving _____
Description of Responsibilities _____

Company Name _____ Employed from _____ to _____
Address(Street, Address City, State, Zip) _____
Name & Title of Immediate Supervisor _____ Telephone _____
Your Title _____ Reason for leaving _____
Description of Responsibilities _____

Personal References

List three individuals able to give character references. You should include former employers or school administrators, but not your relatives.

Name _____ Work Phone _____ Home Phone _____

Address (Street, City, State, Zip) _____

Occupation _____ Relationship to Applicant _____

Name _____ Work Phone _____ Home Phone _____

Address (Street, City, State, Zip) _____

Occupation _____ Relationship to Applicant _____

Name _____ Work Phone _____ Home Phone _____

Address (Street, City, State, Zip) _____

Occupation _____ Relationship to Applicant _____

Statement of Purpose

I certify that my application and all attachments are true and complete to the best of my knowledge. I understand that any incorrect, incomplete, or false statements or information furnished by me may, at the discretion of **Supporting Our Sisters International, Inc.**, disqualify me from receiving the scholarship. The language in this application is not intended to create, nor is it to be misconstrued to constitute, award of scholarship.

Signature: _____ Date: _____

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