$1000.00 Scholarship Offered

Altrusa International of Hamilton, Ohio Foundation is offering three $1000.00 Scholarships to graduating seniors in Butler and Warren Counties.

Who is eligible?

- Must be in the upper 25% of the graduating class
- Must be seeking a baccalaureate degree or certificate
- Must be of good character
- Must demonstrate leadership

How?

- Get an application form from your counselor or go to Facebook at Altrusa International of Hamilton Ohio, Inc.

When?

- Mail your application by FRIDAY, APRIL 3, 2026 to the P O Box address on the scholarship application form located on the last page. For more information about Altrusa, please visit our

website districtfive.altrusa.org. Click on Clubs, scroll down to Ohio, and click on Hamilton.



CRITICAL -– PLEASE READ CAREFULLY!!

<u>YOUR APPLICATION MUST HAVE A PHYSICAL POSTMARK ON THE OUTSIDE ENVELOPE NO LATER THAN FRIDAY, APRIL 3, 2026 !</u>

THE U.S. POSTAL SERVICE NO LONGER GUARANTEES THAT ITEMS DROPPED INTO THEIR OUTGOING MAILBOXES WILL HAVE A POSTMARK PLACED ON THEM ON THAT DAY.

THEREFORE, YOU <u>MUST</u> TAKE YOUR ENVELOPE IN TO THE POST OFFICE COUNTER AND ASK

THEM TO POSTMARK IT FOR YOU, AND VERIFY THIS HAS BEEN DONE.

ALTRUSA CLUB OF HAMILTON OHIO FOUNDATION, INC.

REQUIRED

Please attach a recent photo here. Can be a snapshot

Scholarship Application

MUST BE POSTMARKED BY FRIDAY, APRIL 3, 2026

The questions in this form are designed to give information about your background, your interests and your plans. If some important aspects of your life are not covered by the questions, please make any additional comments you think appropriate on an additional sheet. *****PLEASE ATTACH YOUR OFFICIAL HIGH SCHOOL TRANSCRIPTS WITH ACT/SAT SCORES AND OFFICIAL 4 YEAR ATTENDANCE RECORD TO THIS FORM OR YOUR APPLICATION WILL NOT BE CONSIDERED – THANK YOU.*

APPLICANT INFORMATION **Ohio County where you reside_____**

Name _____
(Last) (First) (Middle)

Date of Birth _____ **Age last birthday** _____ **Sex** _____

Street Address _____

City, State & Zip Code _____ **Phone** _____

FAMILY INFORMATION

Father's Name _____ **Living?** _____

Home Address _____

Father's Occupation & Employer _____

Mother's Name _____ **Living?** _____

Home Address _____

Mother's Occupation & Employer _____

Brothers? Number _____ **Ages** _____

Sisters? Number _____ **Ages** _____

Name of the person who will support you while you are attending post-secondary education:

_____

If you have listed the name of someone other than your father or mother as the person who supports you, please provide the following information about him or her:

Address _____

Relationship to you _____ **Occupation** _____

EDUCATIONAL INFORMATION

List in chronological order all high schools you have attended:

Name of School	Location	Dates of Attendance

List any scholastic distinction or honors you have won:

_____
_____
_____

OUTSIDE ACTIVITIES

List all of your extra-curricular and community activities (excluding jobs) in order of their importance to you. (Examples: Student government, drama, band, Boy or Girl Scouts, club, church, etc.):

Activity	Approx. Dates	Hours Per Week	Describe your participation

What are your hobbies and recreational activities? _____

_____
_____
_____
_____
_____

WORK EXPERIENCE

List all jobs – including summer jobs—that you have held in the past three or four years.

Job	Employer	Dates	Hours per Week

****** ATTACH EXTRA TYPED PAGES IF NEEDED ******

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REFERENCES

Give names of three persons (not relatives), preferably your school principal, counselor or dean, pastor, and a business person familiar with your financial status and that of your family.

Name	Address	Occupation	Phone Number

Statement of Need

Please tell us why you are requesting financial assistance.

_____
_____
_____
_____
_____

What do you believe will be the total amount needed per year? _____

State when you will need the money (Number of quarters/semesters and dates):

_____
_____
_____

What amount of money is available to you from other sources? _____

_____

In this space, state what career path you are planning to follow. Explain why you are interested in this area and the institution you will be attending and your anticipated major. If you need additional space, you may use the back of this page or attach one additional page.

_____
_____
_____
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_____

*****Your application will not be considered if your photo and transcripts are not included or your envelope is not postmarked by FRIDAY, APRIL 3, 2026. Please send the completed application to:***

Altrusa Scholarship Committee, P.O. Box 181271, Fairfield, Ohio 45018