

**THE MUSLIM WOMEN'S ASSOCIATION  
WASHINGTON, DC**

**Scholarship Application Form**

**I. Personal Information**

Name (First, Middle, Last); \_\_\_\_\_

SSN (xxx-xx-xxxx): \_\_\_\_\_ DOB (mm/dd/yyyy): \_\_\_\_\_

Permanent Contact Information \_\_\_\_\_ Email: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Contact Information at School \_\_\_\_\_ Phone: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**II. Educational Information**

Name, City and State of School(s) attended in the past two years:  
\_\_\_\_\_  
\_\_\_\_\_

Are you currently enrolled in school? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If yes, which school: \_\_\_\_\_

What is your academic major? \_\_\_\_\_

Where to you plan to live? \_\_\_\_\_

Expected graduation date: \_\_\_\_\_ What is your GPA? \_\_\_\_\_

Are you receiving or applying for other financial aid or scholarships? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If yes, please specify: \_\_\_\_\_

Scholarship request calendar year: From: \_\_\_\_\_ To: \_\_\_\_\_

