

# Troy United Women's League

Post Office Box 1344

Troy, Alabama 36081

## APPLICATION CHECKLIST

To ensure that all requirements are met, it is critical that the following documents are included in your application packet:

1. Application Form: The application form must be completed accurately and in detail to be considered.
2. Please attach a recent photo, suitable for publication.
3. Two (2) recommendation forms must be submitted by persons other than relatives. To ensure confidentiality, the forms should be sealed when returned to the applicant or mailed to the above address.
4. Essay:
  - TOPIC: Select an experience from your own life and explain how it has influenced your development.
  - Must be typed, double spaced and limited to one page.
5. Class schedule must be submitted prior to the release of scholarship funds.
6. Where to apply: Mail completed application packet postmarked no later than Monday, April 6, 2026 to the address above.

### **IMPORTANT:**

**Items 1, 2, 3, and 4 must be completed and included with the application. Submit all items by the deadline date of Monday, April 6, 2026.**

Troy United Women's League

**Scholarship Application**

P. O. Box 1344

Troy, Alabama 36081

**I. PERSONAL AND EDUCATIONAL BACKGROUND**

Full Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Email: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

Current High School \_\_\_\_\_ Current GPA \_\_\_\_\_

School or Institution to which you expect to attend: \_\_\_\_\_

Degree Pursuing: \_\_\_\_\_

Field of Study: \_\_\_\_\_

**II. EXTRACURRICULAR ACTIVITIES**

Provide detailed information, including dates, about your extracurricular interests and activities; organization or club memberships; and paid or volunteer experiences.

Extracurricular	Office(s) Held	Date From	Date To

To the best of our knowledge, the information reported on the application form is true, correct, and complete. We agree to provide, if requested, documentation necessary to verify the information provided in this application.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

## Troy United Women's League

### Scholarship Recommendation Form

The student named below has applied for a scholarship. In order to assist the scholarship committee in evaluating this applicant, please answer the following questions and return the Recommendation to the TUWL Scholarship Fund, P. O. Box 1344, Troy, Alabama 36081. Your reply will be treated confidentially. Recommendations must be postmarked no later than **Monday, April 6, 2026**.

#### APPLICANT INFORMATION:

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

#### RECOMMENDATION INFORMATION:

Full Name: \_\_\_\_\_ Title: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

#### RECOMMENDATION:

How long have you known the applicant? \_\_\_\_\_ in what capacity? \_\_\_\_\_

In comparison with others in the same age group, how would you rate the applicant in the following qualities? (Please check one in each category)

Qualities	Superior	Good	Average	Fair
Leadership				
Dependability				
Social Adaptability				
Oral Communication				
Written Communication				
Professionalism				
Self-Confidence				

List several words that describe this applicant.

Please give any other information concerning the applicant that you think would be useful to the Scholarship Committee. ( Attach additional page if needed. )

I verify the information contained herein to be true and accurate:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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#### APPLICANT INFORMATION:

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

#### RECOMMENDATION INFORMATION:

Full Name: \_\_\_\_\_ Title: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

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