

4Ever40 Sisterhood Association, Inc.  
EIN: 46-1222438  
Schedule H, Section I

**4Ever40 Sisterhood Association, Inc.**  
Founder/President: *Rose E. Demille*  
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Website: *www.4ever40sisterhood.org*

## APPLICATION FOR SCHOLARSHIP PROGRAM

### I. Personal Information:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

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

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

Home Phone: (     ) \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

### II. Employment History:

Please account for all employment within the last (2) years, beginning with your current or more recent employer.

Company Name: \_\_\_\_\_

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

Positions Held: \_\_\_\_\_ Number of Years: \_\_\_\_\_

Duties/Skills: \_\_\_\_\_

\_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Company Name: \_\_\_\_\_

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

Positions Held: \_\_\_\_\_ Number of Years: \_\_\_\_\_

Duties/Skills: \_\_\_\_\_  
\_\_\_\_\_

Reason for leaving: \_\_\_\_\_

**III. Education:**

	Institution Name	Year completed	Field of Study	Graduate Degree
High School	_____	_____	_____	_____
College/University	_____	_____	_____	_____
Business/Technical	_____	_____	_____	_____
Additional	_____	_____	_____	_____

**IV. Special Skills:**

Special skills or abilities: \_\_\_\_\_

Types of computers or other equipments you operated: \_\_\_\_\_

Certifications or registrations: \_\_\_\_\_

**V. Recommended by:**

Name	Address	Phone No.	Years known
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**VI. Tell us about yourself: (May use additional sheet as needed)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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