Mary Hall Scholarship
of
P.E.O. Chapter CY, Marshfield, WI

Chapter CY of P.E.O. Sisterhood, Marshfield, Wisconsin has established a continuing education fund for women in the name of Mary Hall who was the organizer of the Wisconsin State P.E.O. Chapter and the guiding influence for P.E.O locally and in the state of Wisconsin. The scholarship is intended for women who are pursuing career goals through continuing education. The scholarship award amount will be determined by the number of qualified candidates and the funds available.

P.E.O. is an international women organization of about 230,000 members with a primary mission to provide philanthropic educational opportunities for women locally and worldwide.

Eligibility Criteria

1. The applicant is a woman who has had an interruption in her education of at least 9 consecutive months.
2. Has been accepted in an accredited program at the post-secondary level.
3. Is from the Central Wisconsin area
4. Completes the application form and provides two letters of recommendation from non-relatives.
5. Previous applicants are welcome to re-apply

Application Process:
All parts of the application must be received by Friday, April 2, 2021

1. Complete the application form online and return to the chairperson via email.
2. Two letters of recommendation emailed directly to the committee chairperson. The letter should be authored by the person who has written the letter.

Please note:
The applicant will be notified of the status of her application by the end of May, 2021.

The scholarship check is provided for tuition and will be sent to the recipient's school.
Mary Hall Scholarship Fund Application Form  
P.E.O. Chapter CY, Marshfield WI

Please complete electronically by April 2, 2021 and return to:  
juliesalamonski@gmail.com

Applicant’s Name: ___________________________________________ Date _________

Address: 
________________________________________________________________________

Phone Number: ___________________ Email Address: ________________________

Education:

High School: ______________________ Date of High School Graduation: _________

Post High School/College if applicable; this would include any education that you have 
pursued since high school. Please include dates that you were a student:

________________________________________________________________________

________________________________________________________________________

For what length of time was your education interrupted? _________________

What accredited program are you currently enrolled in, and when were you admitted to 
this program?

________________________________________________________________________

What school are you attending now, and what is your anticipated date of graduation?

________________________________________________________________________

What degree, certification, or license will you acquire when you complete your 
education?

________________________________________________________________________

What is your overall grade point average? GPA: ________________________________
Summary of Goals and Need

1. In your career preparation, describe your educational goals and your program of study.

2. Describe the impact that this funding will have for you, should you receive it. (Include financial information that explains your financial need more clearly.)

3. Detail your current or most recent work experience, if applicable (employer, position, duties, and dates of employment).

4. How did you learn about the Mary Hall Scholarship?

5. Include additional information that you would like the committee to have in considering your application:

References

Please list the names, addresses, telephone numbers, and relationships of the two people that you have asked to write letters of recommendation. *Letters should be sent directly to the chairperson of the committee from the person writing the letter of recommendation.*

Names of references:

1. 
   
2. 
   
Letter of recommendation can be sent to PEO Mary Hall Scholarship Chairperson: juliesalamonski@gmail.com
Applicants receiving a scholarship must provide the address of the school to which the check will be sent. Please provide the name and address of your school. Provide student identification number if required. Checks will not be issued to students.

Name of school: ________________________________________________________

Address: ____________________________________________________________

______________________________________________________________

Campus ID # if applicable: ____________________________________________

My signature certifies that the information provided in this application is accurate and truthful. I understand that willful omission or falsification will eliminate me from consideration.

____________________________________  ____________________________
Applicant’s Signature                        Date

(please scan page after signing and send to chairperson)