

**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's 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 for 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. The applicant is responsible for ensuring the committee receives all parts of the application. Any missing information will be considered an incomplete application.
5. Previous applicants are welcome to re-apply.

Application Process:

All parts of the application must be received by Friday, March 29, 2024

1. Complete the application form and email it to the chairperson.
2. Two letters of recommendation should be emailed directly to the committee chairperson.

Please note:

The applicant will be notified of her application status by the end of May, 2024.

The scholarship check is provided for tuition and will be addressed in the name of the recipient and the recipient's school.

**Mary Hall Scholarship Fund Application Form
P.E.O. Chapter CY, Marshfield WI**

Please complete by March 31, 2024, and return to:

juliesalamonski@gmail.com

rajacobson@charter.net

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? _____
(It must be an interruption of at least 9 consecutive months)

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. Please provide a detailed description of your educational goals. Include the educational requirements that are needed for the job you desire.

2. Explain your program of study. (Include course titles, number of credits needed for graduation, scheduled practicum/intern experiences and other related coursework information)

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

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

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

6. Include additional information that you would like the committee to have when 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.

Please send letters of recommendation to PEO Mary Hall Scholarship Chairperson:

juliesalamonski@gmail.com

rajacobson@charter.net

An applicant receiving a scholarship is to provide the name and address of the school and the student identification number. Checks will be issued to the student and to the school that the recipient is attending.

Name of school: _____

Address: _____

Campus ID # _____

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 send to chairperson and committee member listed above)