

**Illinois Organization of Mothers of Twins Club, Inc.
RANDOM - \$100
Scholarship Application**

Application Deadline: August 31
ALL APPLICATIONS WILL BE HELD STRICTLY CONFIDENTIAL

Name: _____ Phone: () _____

Address: _____

City: _____ State: _____ Zip Code: _____

Dependents:

| Name | Relationship | Date of Birth |
|-------|--------------|---------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Name of accredited institution where coursework was/will be completed:

Involvement in IOMOTC, Local MOTC or Other Community Groups:

Please enclose a copy of the following:

1. Children's birth certificates
2. Copy of registration and receipts from course enrollment
3. Proof of completion of coursework and final grade (if applicable)
(coursework should be completed during January - December)

***APPLICATION MUST BE COMPLETED/POSTMARKED BY AUGUST 31.* Please submit application to the Scholarship Chairman. (Address information available in SAGA.)**

I verify that the information above is correct

(Signature)