

**Christine Davis Memorial Scholarships offered by:**  
**BUSINESS & PROFESSIONAL WOMEN of ENGLEWOOD & VENICE**  
**2024 Scholarship Application for Adult Learners**

An Adult Learner is a Woman who is currently enrolled in or re-entering College  
or a Technical Training Program.

**Application Deadline: May 15, 2024**

Directions: Please type or print all information requested. Be accurate, supply copies of information requested. NOTE: Reviewers will look for neatness in presentation, spelling, grammatical correctness, and submission of all required documentation when considering the application. **If you don't meet the requirements as stated, you will be disqualified.**

**OVERALL PRESENTATION IS IMPORTANT**

**STUDENT INFORMATION**

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

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

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Are you a United States Citizen? \_\_\_\_\_

Are you a Veteran of the United States Military? Yes    No    Honorably Discharged? Yes    No

Are you a spouse of a service member or veteran? Spouse    Widow    Domestic Partner    No

A requirement for receiving this honor is that you have to attend a membership meeting and give a brief introductory speech. Do you agree to attend a Membership Meeting and give a brief introductory speech in order to be recognized by the Members? Yes    No

**If this requirement is not met, the scholarship will be awarded to the next most qualified applicant.**

**APPLICATION DEADLINE: DATE May 15, 2024**

**PERSONAL INFORMATION**

Please circle one:      Married   Single   Divorced   Widowed   Domestic Partnership

Number of your children currently living at home with you: \_\_\_\_\_

Ages of Children at home: \_\_\_\_\_

**FINANCIAL INFORMATION**

**FAFSA** - A copy of the FAFSA must be submitted with application.

**SAR** – Student Aid Report is required to be submitted with the application.

What other scholarships/financial sources have you applied for? Are there any you have already been notified that you will receive? Explain if applicable:

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

**Annual estimated costs:** Tuition: \_\_\_\_\_ Books/Supplies: \_\_\_\_\_

HOW MUCH ARE YOU PERSONALLY ABLE TO CONTRIBUTE YEARLY TOWARD THE COLLEGE EXPENSES?  
\$ \_\_\_\_\_

Estimated Yearly Living Expenses:

- Rent: \_\_\_\_\_
- Utilities: \_\_\_\_\_
- Food: \_\_\_\_\_
- Insurance: \_\_\_\_\_
- Transportation: \_\_\_\_\_
- Medical: \_\_\_\_\_
- Any additional expenses (Please specify): \_\_\_\_\_
- Total: \_\_\_\_\_

**FINANCIAL AID OFFICE STATEMENT**

This section must be completed by the school's financial aid office.

Does student's financial record indicate financial need? Yes      No

Comments: \_\_\_\_\_  
\_\_\_\_\_

Financial Aid Officer's Signature: \_\_\_\_\_

Printed Name of Financial Aid Officer: \_\_\_\_\_

