

**Christine Davis Memorial Scholarships offered by:  
BUSINESS & PROFESSIONAL WOMEN of ENGLEWOOD & VENICE  
2021 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: DATE APRIL 30, 2021**

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

Do you agree to attend a Membership Meeting in either June or July 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.

**PERSONAL INFORMATION**

Please circle one: Married   Single   Divorced   Widowed

Number of 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: \_\_\_\_\_

Estimated Living Expenses: \_\_\_\_\_ (i.e., rent, utilities, food, insurance, transportation expenses for the year.)

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

**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: \_\_\_\_\_  
\_\_\_\_\_

Counselor’s Signature: \_\_\_\_\_

