

**Christine Davis Memorial Scholarships offered by:  
BUSINESS & PROFESSIONAL WOMEN of ENGLEWOOD & VENICE**

**2019 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, 2019**

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.

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 US Citizen? \_\_\_\_\_

Are you a Veteran of the US 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**

Have you completed a FAFSA (free application for federal aid)    Yes \*            No

\* A copy of the 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:

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Annual *estimated* costs:

Tuition: \_\_\_\_\_

Books/Supplies: \_\_\_\_\_

Room/Board: \_\_\_\_\_

*You Personally:* Estimate your annual contribution 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: \_\_\_\_\_

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Counselor's Signature: \_\_\_\_\_

**ACADEMIC INFORMATION**

In order of *preference*, list colleges or technical schools you have been accepted to:

**\*Must include a *copy* of the letter of acceptance.**

<b>Name of School</b>	<b>Full Address</b>	<b>Phone #</b>
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<b>Contact Person</b>	<b>Student ID</b>
<hr/>	

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<b>Name of School</b>	<b>Full Address</b>	<b>Phone #</b>
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<b>Contact Person</b>	<b>Student ID</b>
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<b>Name of School</b>	<b>Full Address</b>	<b>Phone #</b>
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<b>Contact Person</b>	<b>Student ID</b>
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Major you are seeking: \_\_\_\_\_

Are you currently attending school? \_\_\_\_\_

If you are currently attending school, please provide most recent academic transcript.

**PROVIDE BACKGROUND INFORMATION**

by attaching the following:

- A) Describe (in no more than 300-350 words) why you should be awarded a scholarship.
  
  
  
  
  
  
  
  
  
  
- B) Submit two (2) letters of recommendation from teachers, employers or member of the community who **are not** related to you.

**APPLICANT STATEMENT**

**Must be submitted with application**

To the best of my knowledge, the information contained in this application is true and accurate.

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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TO SUBMIT COMPLETED APPLICATION, MAIL TO:

Scholarship Chair  
BPW Englewood/Venice  
PO Box 611  
Englewood, FL 34295

**APPLICATION MUST BE POSTMARKED NO LATER THAN APRIL 30, 2019.**

FOR ADDITIONAL INFORMATION YOU MAY CONTACT:

Dee Danmeyer  
941-493-6606, Ext. 222