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

2020 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, 2020

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:

_____
_____
_____
_____

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: _____

_____

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.**

Name of School **Full Address** **Phone #**

_____

Contact Person **Student ID**

_____

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Name of School **Full Address** **Phone #**

_____

Contact Person **Student ID**

_____

****

Name of School **Full Address** **Phone #**

_____

Contact Person **Student ID**

_____

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: _____

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, 2020.

FOR ADDITIONAL INFORMATION YOU MAY CONTACT:

Natalie Bloom
941-468-6191 or NatB3399@gmail.com