

**ZONTA CLUB OF FORT COLLINS
ARLENE DAVY MEMORIAL SCHOLARSHIP APPLICATION**

Submission

Please review the following criteria and return your completed application and letters of support to:

Zonta Club of Fort Collins
P.O. Box 272914
Fort Collins, CO 80527

Questions: Contact Scholarship Chair, Robyn Moore 970-215-9300 Email: robyn_moore@comcast.net

Deadline

Application must be received on or before **May 1, 2019**. (The application must be in our hands on or before May 1st each year. It is recommended you mail it 3-5 days prior to the deadline.) Please mail via USPS your application to Zonta Club of Fort Collins Arlene Davy Scholarship, PO Box 272914, Fort Collins, CO 80527 and email a digital copy to ZontaFortCollins@gmail.com, Arlene Davy Scholarship Application in the subject line.

Award

The scholarship award will be a minimum of \$1,000 to be used for tuition, books, and fees. Funds will be made payable to Front Range Community College/LC, IBMC and/or Aims Community College accordingly. This award is for use for summer and/or fall semester.

Eligibility

1. Applicant should be a SINGLE FEMALE PARENT STUDENT participating in one of the above mentioned colleges and able to prove enrollment/acceptance.
2. Applicant should pursue education to support a career in a medical, Career and Technical Education and/or a business-related field.
3. Applicant should demonstrate financial need.
4. Applicant should be available to meet with the Zonta Club of Fort Collins scholarship committee if requested and provide a brief presentation about yourself and your goals.
5. Applicant should be willing to provide a request for release of records form.
6. Applicant must live in Larimer County.
7. Recipient will need to be available to meet with the Zonta Club of Fort Collins members, if requested, to provide a presentation about yourself and your goals.

**ZONTA CLUB OF FORT COLLINS
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ZONTA INTERNATIONAL:
ADVANCING THE STATUS OF WOMEN WORLDWIDE SINCE 1919**

Completed application, evidence of enrollment, or evidence of acceptance, and two letters of support should be forwarded to: ZONTA CLUB OF FORT COLLINS, P.O. BOX 272914, FORT COLLINS, CO 80527 with Arlene Davey Scholarship Application in the address line.

Please attach additional pages as needed.

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PREFERRED MAILING ADDRESS IF DIFFERENT FROM ABOVE: _____

TELEPHONE NUMBER

DAYTIME: _____ EVENING: _____

DATE OF BIRTH _____ MARITAL STATUS _____

EMAIL ADDRESS: _____

ARE YOU A US CITIZEN _____

Please check one: ARE YOU CURRENTLY ENROLLED: FRCC/LC _____ IBMC _____
AIMS Community College _____

ENROLLMENT STATUS: PART TIME _____ FULL TIME _____

EDUCATION PROGRAM (DEGREE, CERTIFICATION PROGRAM)

ANTICIPATED COMPLETION DATE _____

DO YOU PLAN TO WORK WHILE ATTENDING COLLEGE? Yes _____ No _____

IF SO, NUMBER OF HOURS PER WEEK _____

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WHAT OTHER TYPES / AMOUNTS OF FINANCIAL AID (SCHOLARSHIPS, GRANTS, LOANS, WORK STUDY) HAVE BEEN AWARDED TO YOU FOR SCHOOL YEAR '19 – '20?

NAME/TYPE OF AWARD	AMOUNT/FREQUENCY*	DATE RECEIVED
_____	_____	_____
_____	_____	_____

*EXAMPLE: \$100/MONTH FOR 12 MONTHS OR \$1,000 ONE TIME

WHAT ARE YOUR EDUCATIONAL GOALS?

WHAT ARE YOUR CAREER GOALS?

PLEASE EXPLAIN HOW THIS SCHOLARSHIP WILL HELP YOU ACHIEVE YOUR GOALS.

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NUMBER OF INDIVIDUALS IN HOUSEHOLD, INCLUDING YOU _____

AGES _____

PLEASE INDICATE ANY OF THE LIVING ARRANGEMENTS LISTED BELOW THAT DESCRIBE YOUR HOUSEHOLD SITUATION.

- _____ LIVE ALONE
- _____ LIVE WITH DEPENDENT CHILDREN
- _____ LIVE WITH RELATIVES (PARENTS, SIBLINGS, ETC.)
- _____ LIVE WITH OTHER NON-RELATED INDIVIDUAL(S)

Will you be enrolled in either the upcoming summer or fall college semesters? Yes _____ No _____

Reminder: This award is available for either the upcoming summer or fall college semesters. The funds go directly to the college in your name, into your student financial account. You may use these funds for any purpose to help you pay for your college education.

LIST THE NAMES AND PHONE NUMBERS OF TWO PEOPLE THAT WILL BE PROVIDING LETTERS OF SUPPORT.

NAME _____ TITLE _____
PHONE _____

NAME _____ TITLE _____
PHONE _____

APPLICANT SIGNATURE

DATE

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FINANCIAL STATEMENT: PLEASE LIST AVERAGE MONTHLY AMOUNT.

INCOME PER MONTH

SPOUSE _____
FAMILY/PARENTS (INCLUDE THE USE OF A CAR AND BABYSITTING) _____

CHILD SUPPORT _____
AFDC _____
HOUSING ASSISTANCE _____
ALIMONY/MAINTENANCE _____
SOCIAL SECURITY/DISABILITY _____
SAVINGS WITHDRAWAL _____
LCWP _____
JTPA _____
OTHER i.e. foodstamps (DESCRIBE) _____

EXPENSES PER MONTH

RENT/MORTGAGE _____
FOOD _____
UTILITIES _____
CHILD CARE _____
CLOTHING _____
MEDICAL _____
INSURANCE _____
ENTERTAINMENT _____
TUITION/BOOKS/FEES _____
OTHER (DESCRIBE) _____

**ZONTA CLUB OF FORT COLLINS
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I UNDERSTAND THAT IF GIVEN ANY SCHOLARSHIP AWARD, ALL APPLICATIONS AND SUPPORTING INFORMATION, INCLUDING PUBLICITY, BECOME THE PROPERTY OF THE ZONTA CLUB OF FORT COLLINS AND THEY SHALL HAVE DISCRETIONARY AUTHORITY IN ALL MATTERS PERTAINING TO THESE AWARDS. I CERTIFY THAT THE INFORMATION IN THIS APPLICATION IS COMPLETE AND ACCURATE TO THE BEST OF MY KNOWLEDGE, AND I WILL NOTIFY THE ZONTA CLUB OF FORT COLLINS IF THERE ARE ANY CHANGES. I UNDERSTAND THAT ANY FALSE INFORMATION I SUPPLIED ON THIS APPLICATION WILL BE GROUNDS FOR IMMEDIATE TERMINATION OF THE SCHOLARSHIP AWARD.

If awarded this scholarship you will also be encouraged to attend our May meeting to be honored and receive your award certificate. This meeting is the first Thursday of the month 5:30PM-7:00PM

The funds are sent directly to your school finance office in your name.

APPLICANT SIGNATURE

DATE