ZONTA CLUB OF FORT COLLINS

ARLENE DAVY MEMORIAL SCHOLARSHIP APPLICATION

**Submission**

Please review the following criteria and return the completed application and reference letters to:

Zonta Club of Fort Collins

Arlene Davy Scholarship

P.O. Box 272914

Fort Collins, CO 80527

Or email to: ZontaFortCollins@gmail.com (Arlene Davy Scholarship Application in the subject line)

**NOTE: REFFERENCES MUST SEND LETTERS OF RECOMMENDATIONS DIRECTLY TO ZONTA**

Questions: Contact Scholarship Chair, ZontaFortCollins@gmail.com

**Deadline**

Application must be received on or before June 1. Recipients will be notified by July 1.

**Award**

The scholarship will be a minimum of $1,000 to be used for tuition, books, and fees. Funds may be dispersed in one semester or over two semesters at the recipient’ choice. **Funds will be made payable to the institution in which the recipient is enrolled.**

**Eligibility**

1. Applicant must live in Larimer County.

2. Applicant must be a SINGLE FEMALE PARENT STUDENT and able to prove enrollment/acceptance at an institution of higher education.

3. Applicant must certify that her income is at or below 225% of the Federal Poverty Level, including wages and child support. The following guidelines are used:

|  |  |  |
| --- | --- | --- |
| **Family Size Including Parent** | **Maximum Annual Income** | **Maximum Monthly Income** |
| Single parent with 1 child | $32,850 | $2,734 |
| Single parent with 2 children | $44,370 | $3,698 |
| Single parent with 3 children | $55,935 | $4,661 |
| Single parent with 4 children | $67,500 | $5,625 |
| Single parent with 5 children | $79,065 | $6,589 |

4. Applicant must be enrolled full time, (a minimum of 6 credit hours per fall/spring term, 3 credit hours per summer term)

**ZONTA CLUB OF FORT COLLINS**

**ARLENE DAVY MEMORIAL SCHOLARSHIP APPLICATION**

Completed application, evidence of enrollment, or evidence of acceptance, and two letters of support should be mailed to: ZONTA CLUB OF FORT COLLINS, P.O. BOX 272914, FORT COLLINS, CO 80527 with Arlene Davey Scholarship Application in the address line or submitted online to: **ZontaFortCollins@gmail.com**. Please attach additional pages as needed.

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CITY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ STATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ ZIP: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PREFERRED MAILING ADDRESS IF DIFFERENT FROM ABOVE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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TELPHONE NUMBER DAYTIME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_EVENING: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_MARITAL STATUS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 INSTITUTION AT WHICH YOU ARE ENROLLED/ACCEPTED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

STUDENT I.D. NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EDUCATION PROGRAM (DEGREE, CERTIFICATION PROGRAM):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ANTICIPATED COMPLETION DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

OTHER TYPES/AMOUNTS OF FINANCIAL AID (SCHOLARSHIPS, GRANTS, LOANS, WORK STUDY) THAT

HAVE BEEN AWARDED TO YOU FOR SCHOOL YEAR ’24 – ’25:

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

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

WHAT ARE YOUR EDUCATIONAL GOALS?

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WHAT ARE YOUR CAREER GOALS?

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

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NUMBER OF INDIVIDUALS IN HOUSEHOLD, INCLUDING YOU: \_\_\_\_\_\_\_\_ AGES: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

INCOME CERTIFICATION.

\_\_\_\_\_ (Initials Required) I certify that my family income (mother & children) is less than 225% of the Federal Poverty Level specified above.

**Reminder: The funds go directly to the college in your name to 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. **THEY MUST MAIL OR EMAIL LETTERS DIRECTLY TO ZONTA. NOTE: at least one letter of reference MUST be from someone who knows you academically (advisor/counselor, teacher, faculty member in field of study).**

NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TITLE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PHONE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_EMAIL\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TITLE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PHONE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_EMAIL\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HOW DID YOU LEARN ABOUT THIS SCHOLARSHIP? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ARLENE DAVY MEMORIAL SCHOLARSHIP APPLICATION AGREEMENT**

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.

I understand if given the award, all funds will be sent directly to the school finance office in my name.

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

APPLICANT SIGNATURE DATE

If awarded this scholarship you will also be encouraged to attend a Zonta Club of Fort Collins meeting to be honored and receive your award certificate.