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, Kristine Brothers 970-227-8038 Email: krisdbro@msn.com

**Deadline**

Application must be received on or before May 1, 2020. Please mail via USPS your application to Zonta Club of Fort Collins Arlene Davy Scholarship, PO Box 272914, Fort Collins, CO 80527 or email a digital copy to ZontaFortCollins@gmail.com, Arlene Davy Scholarship Application in the subject line. Applicants will be notified of their status by June 1.

**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 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.

3. Applicant should demonstrate financial need.

4. Applicant should be willing to provide a request for release of records form.

5. Applicant must be enrolled in a minimum of 9 credit hours.

6. Applicant should be available to meet with the Scholarship Committee of the Zonta Club of Fort Collins if requested and provide a brief presentation about herself and her goals.

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**

**ARLENE DAVY MEMORIAL SCHOLARSHIP APPLICATION**

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 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ARE YOU A US CITIZEN:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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 ’20 – ’21?

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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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)

FINANCIAL STATEMENT: PLEASE LIST AVERAGE MONTHLY AMOUNT.

**INCOME PER MONTH**

Family/Parents (Include the use of a car and babysitting) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child Support \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

AFDC \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Housing Assistance \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Alimony/Maintenance \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Social Security/Disability \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Savings Withdrawal \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other i.e. Food Stamps (Describe) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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**Total** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EXPENSES PER MONTH**

Rent/Mortgage \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Food \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Utilities \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child Care \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Clothing \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medical \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Insurance \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Entertainment \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tuition/Books/Fees \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other (Describe) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Total** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reminder: 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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_EMAIL\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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**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.