

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

The Zonta Club of Fort Collins invites you to submit your 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 Kirsten Johnson 970-237-1193 Email: kirdyj@comcast.net

Deadline

Application must be received on or before **April 18, 2017**. (April 18th each year is our deadline. The application must be in our hands on or before APR 18th each year. It is recommended you mail it 3-5 days prior to the deadline.) Please mail via USPO your application to Zonta Club 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 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 be 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 brief presentation about yourself and your goals.

**ZONTA CLUB OF FORT COLLINS
ARLENE DAVY MEMORIAL SCHOLARSHIP APPLICATION
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 Davy Scholarship Application in 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 _____

ARE YOU A US CITIZEN _____ SOCIAL SECURITY # _____

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

ENROLLMENT STATUS: PARTTIME _____ FULLTIME _____

IF NOT ENROLLED, WHEN DO YOU PLAN TO ENROLL? _____

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 '17- '18?

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 INDIVIDUALS(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 third Thursday of the month 5:30PM-7:00PM

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

APPLICANT SIGNATURE

DATE

REV MAR 19 2015