

Christine Davis Memorial Scholarships offered by:
BUSINESS & PROFESSIONAL WOMEN of ENGLEWOOD & VENICE
2025 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: May 16, 2025

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. **If you don't meet the requirements as stated, you will be disqualified.**

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 United States Citizen? _____

Are you a Veteran of the United States Military? Yes No Honorably Discharged? Yes No

Are you a spouse of a service member or veteran? Spouse Widow Domestic Partner No

A requirement for receiving this honor is that you have to attend a membership meeting and give a brief introductory speech. Do you agree to attend a Membership Meeting 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.

APPLICATION DEADLINE: DATE May 16, 2025

PERSONAL INFORMATION

Please circle one: Married Single Divorced Widowed Domestic Partnership

Number of your children currently living at home with you: _____

Ages of Children at home: _____

FINANCIAL INFORMATION

FAFSA - A copy of the FAFSA must be submitted with application.

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: _____

HOW MUCH ARE YOU PERSONALLY ABLE TO CONTRIBUTE YEARLY TOWARD THE COLLEGE EXPENSES?
\$ _____

Estimated Yearly Living Expenses:

- Rent: _____
- Utilities: _____
- Food: _____
- Insurance: _____
- Transportation: _____
- Medical: _____
- Any additional expenses (Please specify): _____
- Total: _____

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: _____

Financial Aid Officer's Signature: _____

Printed Name of Financial Aid Officer: _____

