**EDMOND WOMEN'S CLUB**

**Career Technology Center Scholarship Application**

The Edmond Women's Club is offering Career Technology Center scholarships to qualifying women who demonstrate **a clear financial need** in pursuing the development of a career, upgrading career potential, or changing direction.

Candidates must be United States citizens, and be a **resident of the city of Edmond** as defined by street address, live within the Edmond city boundaries, or live within the Edmond School district; or have a significant interest in the Edmond Community.

Applicants will be considered on the basis of demonstrated financial need, hours required to complete certification, career and educational goals, achievements, and references.

***Edmond Women’s Club provisional, active, or preferred active members and their children are not eligible for this scholarship.***

Monies will be administered through the Bursar’s/Finance Aid office of the applicant's choice and must be used **only for payment of tuition, books, fees, and educational supplies.** Funds may be used during any semester.

The application package must include the completed and signed application (typed or printed in black ink), official transcripts of all completed post-secondary work, and two letters of recommendation. **Incomplete or late applications will not be considered.** Applications are confidential and become the property of Edmond Women's Club.

**Applications must be postmarked no later than February 1, 2018 and mailed to:**

**Edmond Women’s Club**

**Attn: Scholarship Committee**

**P.O. Box 3046**

**Edmond, OK 73083**

Your interest in the Edmond Women's Club Career Technology Scholarship is appreciated and we look forward to reviewing your application.

**If you are selected for an interview you will be contacted on or around February 20, 2018. Interviews will be conducted on Saturday, March 3, 2018.**

**EDMOND WOMEN'S CLUB**

**CAREER TECHNOLOGY CENTER SCHOLARSHIP APPLICATION**

1. **PERSONAL INFORMATION**

|  |  |
| --- | --- |
| Name: |  |
| Street address: |       | City: |       | Zip: |  |
| Mailing address: |       | City: |       | Zip: |  |
| Telephone: |       | Age: |       |
| E-mail address: |       |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| U.S. Citizen? | YES |       | NO |       |

MARITAL STATUS:

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Single |       | Married |       | Separated |       | Divorced |       | Widowed |       |

|  |  |  |  |
| --- | --- | --- | --- |
| Your employer: |  | Occupation/Position held: |  |
| Spouse’s name: |  | Occupation: |  |
| Spouse’s employer: |  | Position held: |  |
| Number of children living at home: |  | Ages: |  |
| List other dependents: |  |

***EDMOND WOMEN’S CLUB PROVISIONAL, ACTIVE, AND PREFERRED ACTIVE MEMBERS AND THEIR DAUGHTERS ARE NOT ELIGIBLE FOR THIS SCHOLARSHIP.***

1. **EDUCATIONAL INFORMATION**

|  |  |  |  |
| --- | --- | --- | --- |
| High School Attended: |  | Graduation Date: |  |

Higher Education: **Please attach official transcripts through highest level of education obtained (GED, High School, College, or Career Technology Center) -- list most recent first.**

 Date Name Location

|  |  |
| --- | --- |
|       |       |
|       |       |
|       |       |
|       |       |

|  |  |
| --- | --- |
| Other Education (Business school, Professional Certificates, Skills training, etc): |  |
|       |
| Place of Current Enrollment *and* Course of Study: |  |
|  |
| Expected Date of Program Completion or Certification: |       |
| List any academic honors or recognitions you have received: |  |
|  |

1. **EMPLOYMENT INFORMATION**

List chronologically all paid positions held for the past three years:

 Date Company Position/Title Salary

|  |  |  |  |
| --- | --- | --- | --- |
|       |       |       | $      |
|       |       |       | $      |
|       |       |       | $      |
|       |       |       | $      |
|       |       |       | $      |

1. **FINANCIAL INFORMATION**

|  |  |
| --- | --- |
| Total monthly income (including spouse): | $ |
| Supplemental monthly income (babysitting, housecleaning, etc): | $ |
| Is this supplemental income included in the total monthly income listed above? |  |

Previous financial aid for education (grants, fellowships, loans, scholarships, etc):

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Total amount of aid |  | Type of aid |  | Balance remaining |
| $ |  |  |  | $ |
| $ |  |  |  | $ |
| $ |  |  |  | $ |

|  |  |
| --- | --- |
| Last year’s gross taxable income (including spouse): | $ |
| Current year’s estimated gross taxable income (including spouse): | $ |
| Next year’s projected gross taxable income (including spouse): | $ |
| Estimated non-taxable income: |
| TANF: | $ | Social Security: | $ |
| Family gifts: | $ | Other (explain): | $ |
|  |  |  |
| Estimated alimony: | $ |  |
| Estimated child support: | $ |  |

**ASSET INFORMATION**

|  |  |
| --- | --- |
| Cash, checking, savings accounts totals: | $ |
| Current market value of home: | $ |
| Real estate, investments, other assets: | $ |

**LIABILITY INFORMATION**

|  |  |
| --- | --- |
| Monthly home rental or mortgage payment: | $ |
| Current mortgage balance: | $ |
| Monthly automobile loan payment: | $ |
| Medical/dental expenses not reimbursed by insurance or other sources: | $ |
| Total due on other notes or loans: | $ |
| Explain any unusual financial burdens: |  |
|  |
| Anticipated cost of tuition, books, fees and supplies for next semester: | $ |
| Are you presently applying to other sources for funding for next year? |  |
| If so, explain: |  |
|  |

1. **ADDITIONAL INFORMATION**

|  |  |
| --- | --- |
| Community involvement and volunteer positions (church, school, clubs, etc): |  |
|  |
| Special accomplishments: |  |
| Special interests: |  |

1. **PERSONAL STATEMENT**

State your projected area of study and how this scholarship will further your career and educational goals. Also include any other facts or conditions you would like to have the scholarship selection committee consider. Limit your statement to two paragraphs in the space provided below.

|  |
| --- |
|  |

1. **REQUEST**

|  |  |  |
| --- | --- | --- |
| I am making application for a scholarship to use as a |  | (full-time or part-time), |
|  | (day or night),  |  | (campus or web-based) student next year. |

**VII. RECOMMENDATIONS**

Application Pages 7 & 8 are forms for letters of recommendation to be completed as part of this application. One should be a professional recommendation and the other should be a personal recommendation from an unrelated adult. Applications must be returned with both recommendations.

[ ]  EWC has permission to use my name and/or picture if selected as a scholarship recipient.

[ ]  EWC does not have permission to use my name and/or picture if selected as a scholarship recipient.

|  |  |  |
| --- | --- | --- |
|  |  |       |
| Signature of Applicant |  | Date |

## Edmond Women’s Club

## CONFIDENTIAL PROFESSIONAL RECOMMENDATION

##

Please complete and return this recommendation to the applicant. You may return it in a sealed envelope if you wish. This recommendation must accompany the application and be postmarked by February 1st to be considered by the Edmond Women’s Club Scholarship Committee. Your cooperation in helping the applicant meet this deadline is vital.

|  |  |
| --- | --- |
| Applicant’s Name: |  |

What are the first three words that come to mind to describe the applicant?

|  |  |
| --- | --- |
|  |  |
|  |  |
|  |  |

In the space provided below, please write a brief statement about the above applicant. Criteria for rating him or her might include citizenship, character, warmth of personality, sense of humor, emotional maturity, reaction to setbacks, personal initiative, leadership, dependability, self-confidence, concern for others, special talents and any other qualities you would like to share with our committee about this applicant.

|  |
| --- |
|  |

|  |  |  |
| --- | --- | --- |
|  |  |       |
| Signature |  | Date |
| Printed Name: |       |
| Relationship to applicant: |       |

## Edmond Women’s Club

## CONFIDENTIAL PROFESSIONAL RECOMMENDATION

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|  |
| --- |
|  |

|  |  |  |
| --- | --- | --- |
|  |  |       |
| Signature |  | Date |
| Printed Name: |       |
| Relationship to applicant: |       |