

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, 2019 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, 2019. Interviews will be conducted on Saturday, March 9, 2019.

EDMOND WOMEN'S CLUB
CAREER TECHNOLOGY CENTER SCHOLARSHIP APPLICATION

I. 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.

II. 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:

III. EMPLOYMENT INFORMATION

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

Date	Company	Position/Title	Salary
			\$
			\$
			\$
			\$
			\$

IV. 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:

V.

ADDITIONAL INFORMATION

Community involvement and volunteer positions (church, school, clubs, etc):

Special accomplishments: _____

Special interests: _____

VI. 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.

VII. 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?

1. _____
2. _____
3. _____

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

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