**EDMOND WOMEN'S CLUB**

**Adult Continuing Education Scholarship Application**

The Edmond Women's Club (EWC) is a volunteer organization composed of community-spirited women who have combined their talents to promote cultural, civic, educational, and community efforts in the City of Edmond. EWC is offering continuing education scholarships to qualifying adults who are pursuing the development of a career, upgrading career potential, or changing direction.

The scholarship may be used at the two or four-year college or university of your choice. Monies will be administered through the institution’s Bursar/Finance office and **must be used only for payment of tuition, books, fees and education supplies.** Funds may be used any semester.

*Children of Edmond Women’s Club provision, active, or preferred active members are not eligible for this scholarship.*

**REQUIREMENTS FOR ELIGIBITY-** Candidates must:

* Be a United States Citizen
* Have completed a minimum of 24 semester hours
* Be a resident of the City of Edmond

**APPLICATION INSTRUCTIONS-** The application must include each of the following:

* Completed application form (typed or printed in black ink)
* Personal recommendation, sealed in envelope (completed by adult, non-related individual)
* Professional recommendation, sealed in envelope (completed by adult, non-related individual)
* One-page essay describing why EWC should choose you as a scholarship recipient
* A certified copy of your transcript from your highest level of education

***Incomplete or late applications will not be considered*.** Applications are confidential and become the property of the Edmond Women’s Club.

Applications must be postmarked **no later than February 1, 2021** and mailed to**:**

**Edmond Women’s Club**

**Attn: Scholarship Committee**

**P.O. Box 3046**

**Edmond, OK 73083-3046**

**If you are selected for an interview you will be contacted on or around February 20, 2021. Interviews will be conducted on Saturday, March 6, 2021.** Your interest in the Edmond Women’s Club Adult Continuing Education Scholarship is appreciated and we look forward to reviewing your application.

**EDMOND WOMEN'S CLUB**

**ADULT CONTINUING EDUCATION SCHOLARSHIP APPLICATION**

**I. PERSONAL INFORMATION**

|  |  |
| --- | --- |
| Name: |  |
| Street Address:  |  |
| City: |  |
| Email: |  |
| Phone: |  |
|  |  |
| U.S. Citizen:  |  [ ]  Yes [ ]  No |
| Employer: |  |
| Position/Title: |  |
|  |
| Marital Status: [ ] Single [ ] Married [ ] Separated [ ] Divorced [ ] Widowed |
| Spouse’s Name: |  |
| Spouse’s Occupation: |  |
| Number of Children Under the Age of 18 Living At Home: |  |
| Other Dependents Living At Home: |  |
|  |
|  |

**II. EDUCATIONAL INFORMATION**

Please enter information requested below for all post-secondary institutions attended. List most recent first. Attach official transcripts through highest level of education obtained (GED, High School, College, or Career Technology Center).

|  |  |  |
| --- | --- | --- |
| **Institution Name** | **Location** | **Dates Attended** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Total Credit Hours Completed: |  | Overall GPA: |  |
| Place of Current Enrollment: |  |
| Course of Study: |  |
| Expected Date of Degree or Certification: |  |
|  |  |
| Do You Attend: |  [ ]  Full-Time [ ]  Part-Time |
|  |  [ ]  Daytime Classes [ ]  Nighttime Classes |
| Other Education (Vocational, Technical, Professional Certifications or Licenses, etc.): |
|  |
|  |
|  |
|  |
| Academic Honors or Recognitions Received: |
|  |
|  |
|  |
|  |

**III. EMPLOYMENT INFORMATION**

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

|  |  |  |  |
| --- | --- | --- | --- |
| **Dates****From/To** | **Employer Name** | **Position/Title** | **Salary** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**IV. FINANCIAL INFORMATION**

|  |  |
| --- | --- |
| Total Monthly Income (Including Spouse): |  $ |
| Last Year’s Gross Income (Including Spouse): |  $ |
| Current Year’s Estimated Gross Income (Including Spouse): |  $ |
| Next Year’s Projected Gross Income (Including Spouse): |  $ |
|  |  |
| Estimated Non-Taxable Income: |  |
| TANF: | $ | Social Security: |  $ |
| Alimony: | $ | Child Support: |  $ |
| Gifts: |  $ | Other (Provide Explanation): |  $ |
| Explanation:  |  |
|  |
|  |
|  |

Provide Details for Any Unusual Financial Burdens:

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

**V. Educational Aid Information**

|  |
| --- |
| Previous Financial Aid for Education (Grants, Fellowships, Loans, Scholarships, Etc.): |
| **Type of Aid** | **Total Amount of Aid** | **Balance Remaining** |
|  |  $ |  $ |
|  |  $ |  $ |
|  |  $ |  $ |
|  |  $ |  $ |

|  |  |
| --- | --- |
| Anticipated Cost of Tuition, Books, Fees, And Supplies for Next Semester:  | $ |

 Are you presently applying for other sources of funding for next year? If yes, please explain.

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

**VI. ESSAY**

Type or write on a separate piece of paper 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 selection committee consider such as community involvement, volunteer experience, life experiences, special needs, etc. Limit your essay to approximately one page and attach it to your application.

**VII. APPLICANT AGREEMENT**

As an applicant for this scholarship, I certify I am giving true and accurate information.

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

**VIII. RECOMMENDATIONS**

All applicants must submit each of the two attached letters of recommendation with their scholarship application, one Professional Recommendation and one Personal Recommendation. Both recommendations should be completed by two different adults, unrelated to the applicant.

**EDMOND WOMEN’S CLUB**

**CONFIDENTIAL PROFESSIONAL RECOMMENDATION**

Please complete and return this recommendation to the applicant in a sealed envelope. This recommendation must accompany the application and be postmarked by February 1, 2021 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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please rate the following characteristics and attributes.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Excellent | Good | Average | Not Observed |
| Citizenship |  |  |  |  |
| Character |  |  |  |  |
| Warmth of Personality |  |  |  |  |
| Emotional Maturity |  |  |  |  |
| Initiative |  |  |  |  |
| Leadership |  |  |  |  |
| Dependability |  |  |  |  |
| Confidence |  |  |  |  |
| Concern for Others |  |  |  |  |

Please list any additional comments you wish for the selection committee to know including any personal anecdotes, contributions to their community, school, work etc.

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

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

Signature Date

**EDMOND WOMEN’S CLUB**

**CONFIDENTIAL PERSONAL RECOMMENDATION**

Please complete and return this recommendation to the applicant in a sealed envelope. This recommendation must accompany the application and be postmarked by February 1, 2021st 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please rate the following characteristics and attributes.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Excellent | Good | Average | Not Observed |
| Citizenship |  |  |  |  |
| Character |  |  |  |  |
| Warmth of Personality |  |  |  |  |
| Emotional Maturity |  |  |  |  |
| Initiative |  |  |  |  |
| Leadership |  |  |  |  |
| Dependability |  |  |  |  |
| Confidence |  |  |  |  |
| Concern for Others |  |  |  |  |

Please list any additional comments you wish for the selection committee to know including any personal anecdotes, contributions to their community, school, work, etc.

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

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

Signature Date