

**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: Kathy Swafford, k41swaf@aol.com, or (970)587-5717.

Deadline: Application must be received by April 10.

Award

The scholarship award will be a minimum of \$300 to be used for tuition, books, and fees.

Funds will be made payable to Front Range Community College.

Eligibility

1. Applicant should be a FEMALE SINGLE PARENT STUDENT participating in the Single Parent Program (SPIRIT) through the Front Range Community College.
2. Applicant should pursue education to support a career or profession or as a pre-requisite for a career.
3. Applicant should demonstrate financial need.
4. Applicant should be available to meet with the Zonta Club of Fort Collins and provide a brief presentation about yourself and your goals.
5. Applicant should be willing to provide a request for release of records form.

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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

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 # _____

ARE YOU CURRENTLY ENROLLED AT FRCC? _____

ENROLLMENT STATUS: PART TIME _____ 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 FRCC? _____

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 THE NEXT FALL/SPRING SEMESTERS OF THE SCHOOL YEAR.

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)

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
ARLENE DAVY MEMORIAL SCHOLARSHIP APPLICATION AGREEMENT**

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.

APPLICANT SIGNATURE

DATE