

WOMAN'S CLUB OF ST. MATTHEWS
P.O. BOX 7406
Louisville, KY 40257-0406

Adult Woman Scholarship Application

Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Telephone: Home:(_____) _____ Cell: (_____) _____

Best way to reach you: _____ Best time to reach you: _____

Email: _____

Are you a resident of the City of St. Matthews? Yes _____ No _____

Do you work within the limits of the City of St. Matthews? Yes _____ No _____

If yes, Employer Name: _____

Employer Address: _____

Employer Telephone _____

List the family members who live in your home and those for whom you are responsible.

Name: _____ Age: _____ Relationship to Applicant _____

**Reason for returning to school. How will education impact you and/or your family?
(100 words or less)**

What are you planning to study? _____

Learning Institution(s) applied to. _____

Learning Institution Enrolled at. _____

Date Enrolled: _____

Have you received any other scholarships or grants? Yes ___ No ___ If yes, please explain.

(This will not affect your ability to receive our scholarship)

Scholarship Need: please explain: (500 words or less. Attach a separate sheet if necessary)

Required: One letter of recommendation, included with application.