

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

Adult Woman Scholarship Application 2024

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
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

On a separate sheet, type a response to the following:

What are your reasons for returning to school?

How will education impact you and /or your family?

Your response must be typed. It should be 500 words or less, double-spaced, in 12 or larger font.
Please put your name at the top of the sheet.

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:

On a separate sheet, type a response to the following:

I am in need of this scholarship because.....

Your response must be typed. It should be 500 words or less, double-spaced, in 12 or larger font.
Please put your name, and the name of your school, at the top of the sheet.

Required: One letter of recommendation, included with application.

The application must be postmarked no later than April 12, 2024.

Mail completed application package to WCSM address above, **Attention: Scholarships**

Late or incomplete applications will not be considered.