

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

Adult Woman Scholarship Application 2025

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 \_\_\_\_\_

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

**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 March 21, 2025.**

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

**Late or incomplete applications will not be considered.**