

Naples Woman's Club

DOROTHY EDWARDS VOCATIONAL SCHOLARSHIP APPLICATION
(Please type information or print neatly in ink)

Please send all completed applications to the Community Foundation of Collier County
ATTN: Annette Kirk
2400 Tamiami Trail N., Suite 300
Naples, FL 34103
239.649.5000 Fax 239.236.0642
www.cfcollier.org akirk@cfcollier.org

PERSONAL DATA

Full Name: _____ Soc. Sec. #: _____

Address: _____
Number & Street City Zip Code

Phone Number and best time to call: _____

ADVANCED TRAINING EXPECTATIONS

I have applied to:

I have been accepted by:

Probable course of study: _____

Career Plans: _____

HIGH SCHOOL DATA

(Please attach transcript)

Name of School: _____ GPA: _____

List Activities and Offices Held:

_____	_____
_____	_____
_____	_____

List Honors and Awards:

_____	_____
_____	_____

List Community Service / Volunteer Activities:

_____	_____
_____	_____

List Work Experience:

_____	From: _____ To: _____
_____	From: _____ To: _____
_____	From: _____ To: _____

Recommendations: Please submit two letters of recommendation. One must be drawn from a school authority; the other may come from an employer, church personage or supervisor of a community volunteer activity.

FINANCIAL DATA

Marital Status of Parents: Married Separated Divorced Single

Person(s) Responsible for Applicant's Support: _____

Parents/Guardians:

Mother: _____ Occupation/Source of Income: _____

Father: _____ Occupation/Source of Income: _____

Other Caretaker: _____ Occupation/Source of Income: _____

Number of Brothers and/or Sisters: _____ Ages: _____

Parent/Guardian Adjusted Gross Income for the Past Year, if Possible as it Appears on Their Income Tax Form: _____

Does Student Work? Yes No If so, Where? _____
Weekly Income: _____

Students Marital Status: Single Married Separated Divorced

Any Dependents? Yes No If so, How Many? _____

Will your Parents be able to contribute toward your education? Yes No

If so, How Much? _____

How do you plan to pay for your education? _____

AUTHORIZATION

I authorize the Naples Woman's Club to give all information contained in this application to the committee or Committees that use the data to determine recipients of scholarships.

Student's Signature (if 18 or older)

Parent's Signature (if Student is under 18)

PERSONAL STATEMENT

On the back of this application or on a separate sheet of paper, tell us why you feel you merit consideration for the Naples Woman's Club Scholarship. You may wish to include such things as academic achievement, financial need, educational goals; anything you feel would assist you in getting this scholarship. Please hold your comments to 250 words or less.

SCHOLARSHIP AGREEMENT

The Naples Woman’s Club requests all applicants to sign the following:

I do not now, and will not through the course of my education, use illegal drugs. I understand that if I fail to abide by this requirement, I will have to repay the scholarship money within one year of the breach, at an annual interest rate of 10%, with a late charge of 1 ½% calculated from the date of receipt of my scholarship.

Witness

Scholarship Applicant

Date