



2023-2024 St. Charles Women's Club Sherry Costello Memorial Scholarship

High School Student / Adult Female Application Form

To qualify for this scholarship, you must meet the following qualifications:

- Be a female student in senior year enrolled in a high school within the D303 boundaries or reside within the D303 boundaries enrolled in non-traditional education and in senior year.
- OR
- Be an adult female living or working within the D303 boundaries and enrolled in a degree program.
 - Provide at least two of the three references - Educational, Business, Personal
 - If you are an adult female, you need to submit proof of annual household income to determine eligibility.
 - Completed application with the official transcript (must have seal and signature of school registrar) and references must be scanned and emailed to the Club at SCWCApps@gmail.com by the deadline of **April 15, 2024**.

Please note that incomplete applications, or applications missing requested data or supporting documentation will be disqualified. If you are unable to submit the application and supporting documentation via email, please contact the club at SCWCApps@gmail.com and we will provide an alternative method to submit the information.

Name _____
Last First Middle Maiden

Street Address _____

City _____

Phone _____

E-mail _____

Birth Date _____

Marital Status _____ (adult applicant only)

Number and Age of Dependent children _____ (adult applicant only)

Annual Household Income _____ (adult applicant only)

College Name _____

Vocational Plans after College _____

Major or Proposed field of Study _____

Overall GPA _____

Hours Required _____ Hours Completed _____ Yearly

Tuition _____ Books and Fees _____ I plan to

attend school (circle one): full-time part-time

While in school, I will work (circle one): full-time part-time not at all

Plans for Financing College Education _____

Current Scholarships/Grants and Amounts _____

Extra Curricular Activities, Clubs, Organizations, Volunteer Activities _____

How did you hear about this scholarship? _____

Please attach a typewritten essay about yourself explaining why you feel you should receive this particular scholarship. Please explain in detail what led you to choose the major or proposed field of study. If you are an adult female, include how your degree will enable you to support your family better, and how it will enable you to contribute to the community.

EDUCATIONAL REFERENCE

Please ask a professor, teacher, or an academic advisor to complete this form and return it via email to SCWCApps@gmail.com by **April 15, 2024**. If you experience difficulty sending it electronically, please contact us and we will provide an alternative method.

Applicant's Name _____

Your Name _____

Your Job Title _____

Your Phone # _____ Your Email Address _____

In what capacity have you known the scholarship applicant? _____

How long? _____

Please briefly describe your knowledge of the applicant, her strengths and abilities, and any other information that you feel would help us to determine whether she should receive the St. Charles Women's Club Sherry Costello Scholarship. Thank you.

BUSINESS REFERENCE

Please ask a business reference to complete this form and return it via email to SCWCApps@gmail.com by **April 15, 2024**. If you experience difficulty sending it electronically, please contact us and we will provide an alternative method.

Applicant's Name _____

Your Name _____

Your Job Title _____

Your Phone # _____ Your Email Address _____

In what capacity have you known the scholarship applicant? _____

How long? _____

Please briefly describe your knowledge of the applicant, her strengths and abilities, and any other information that you feel would help us to determine whether she should receive the St. Charles Women's Club Sherry Costello Scholarship. Thank you.

PERSONAL REFERENCE

Please ask a personal reference (non-family) to complete this form and return it via email SCWCApps@gmail.com by **April 15, 2024**. If you experience difficulty sending it electronically, please contact us and we will provide an alternative method.

Applicant's Name _____

Your Name _____

Your Job Title _____

Your Phone # _____ Your Email Address _____

In what capacity have you known the scholarship applicant? _____

How long? _____

Please briefly describe your knowledge of the applicant, her strengths and abilities, and any other information that you feel would help us to determine whether she should receive the St. Charles Women's Club Sherry Costello Scholarship. Thank you.
