



## 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 applications with the official transcript and references must be scanned and emailed to the Club at [SCWCApps@gmail.com](mailto:SCWCApps@gmail.com) by the deadline of **April 1, 2024**. No exceptions.

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](mailto:SCWCApps@gmail.com) and we will provide an alternative method to submit the information.

Attention: Scholarship Committee Chairperson

Name \_\_\_\_\_  
Last First Middle Maiden

Street Address \_\_\_\_\_

City \_\_\_\_\_

Phone \_\_\_\_\_

E-mail \_\_\_\_\_

Birth Date \_\_\_\_\_

Marital Status \_\_\_\_\_

Number and Age of Dependent children \_\_\_\_\_

Annual Household Income \_\_\_\_\_

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](mailto:SCWCApps@gmail.com) by **April 1, 2024**. If you experience difficulty sending it electronically, please contact us and we will provide an alternative method.

St. Charles Women's Club

Attention: Scholarship Committee Chairperson

Applicant's Name \_\_\_\_\_

Your Name \_\_\_\_\_

Your Job Title \_\_\_\_\_

Your Phone # \_\_\_\_\_

Your Email Address \_\_\_\_\_

In what capacity have you known the scholarship applicant? \_\_\_\_\_

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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.

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### **BUSINESS REFERENCE**

Please ask a business reference to complete this form and return it via email to [SCWCApps@gmail.com](mailto:SCWCApps@gmail.com) by **April 1, 2024**. If you experience difficulty sending it electronically, please contact us and we will provide an alternative method.

St. Charles Women's Club

Attention: Scholarship Committee Chairperson

Applicant's Name \_\_\_\_\_

Your Name \_\_\_\_\_

Your Job Title \_\_\_\_\_

Your Phone # \_\_\_\_\_

Your Email Address \_\_\_\_\_

In what capacity have you known the scholarship applicant?

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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.

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## PERSONAL REFERENCE

Please ask a personal reference (non-family) to complete this form and return it via email [SCWCApps@gmail.com](mailto:SCWCApps@gmail.com) by **April 1, 2024**. If you experience difficulty sending it electronically, please contact us and we will provide an alternative method.

St. Charles Women's Club

Attention: Scholarship Committee Chairperson

Applicant's  
Name \_\_\_\_\_

Your Name \_\_\_\_\_

Your Job Title \_\_\_\_\_

Your Phone # \_\_\_\_\_

Your Email Address \_\_\_\_\_

In what capacity have you known the scholarship applicant? \_\_\_\_\_

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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.

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