

# Lexington Woman's Club Scholarship Application Form

Applications which do not meet eligibility requirements or are received after the deadline will not be considered.

## Instructions

1. Complete all areas of the application form. Applications which do not have all area completed will not be considered. Be sure to sign and date you application. Print legibly.
2. Attach a copy of your Free Application for Student Aid/SAR from with application.
3. Attach a recent photo.
4. Attach at least one letter of recommendation from a former teacher or employer attesting to your character, leadership, or academic abilities.
5. Attach any information you feel the selection committee would find pertinent.
6. Submit a completed application form, copy of FAFSA/SAR, photo, letter of recommendation, and pertinent information before the deadlines.
- 7.

## Personal Information

Name \_\_\_\_\_  
Last. First MI

UK ID \_\_\_\_\_ Email Address \_\_\_\_\_

Telephone(H): \_\_\_\_\_ Cell: \_\_\_\_\_

Address: \_\_\_\_\_  
Street. Apt.Number

\_\_\_\_\_ City. State. Zip code

Are you a resident of Fayette County? \_\_\_\_\_ Yes. \_\_\_\_\_ No

Marital status: \_\_\_\_\_ Single \_\_\_\_\_ Married

List all children's names.

Name. Age

- 1.
- 2.
- 3.
- 4.

## Education (at time of application)

Current Student Status: \_\_\_\_ Freshmen \_\_\_\_ Sophomore \_\_\_\_ Junior \_\_\_\_ Senior

If freshmen, indicate High School GPA: \_\_\_\_\_ ACT/SAT Score \_\_\_\_\_

Total Credit Hours Completed: \_\_\_\_\_ Grade point Average \_\_\_\_\_

Number of hours enrolled /anticipated for \_\_\_\_\_ Fall or \_\_\_\_\_ Spring

Major \_\_\_\_\_

(Depending on which semester you are applying)  
List where you attended high school / and college

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

## Financial information

Current Employer \_\_\_\_\_

Spouse's current employer \_\_\_\_\_

All other sources of income: \_\_\_\_\_

Extraordinary Financial Liabilities \_\_\_\_\_

If you do not get a scholarship, do you have an alternative plan for pursuing your educational goals?  
\_\_\_\_\_

## References

Include addresses and phone numbers. No Family Members Please.

Name.	Email address/Phone Number.	Relationship to you
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1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

## Signature

I certify to the best of my knowledge that all information on this scholarship application form and on the attached materials is true and accurate. I am prepared to document this information if requested.

Signature \_\_\_\_\_

Date \_\_\_\_\_