FOUNTAIN HILLS WOMEN'S CLUB SCHOLARSHIP APPLICATION

All information will be held in the strictest confidence. Only the members of the FHWC Scholarship Committee will review your application.

CRITERIA: The applicant must be a woman who resides or is employed in Fountain Hills, Arizona and who possesses a high school diploma or equivalent. The applicant must be at least 23 years of age and must desire to further her career goals through the pursuit of additional education.

PERSONAL INFORMATION:				
Name:				
Complete Mailing Address: _				
Telephone Number: Home	Offi	ce	Cell	
Email Address:				
Marital Status: Single I	Married Divorced	I Widowed _		
Number and Ages of Children:		Other Dependen	ts:	
EMPLOYMENT INFORMATIO	<u>N</u> :			
Are you currently employed? _	If yes, name of	employer:		
Address:				
Telephone Number:				
Position Held:				
EDUCATION INFORMATION:				
High School (Name of School):				
Year Graduated:	Equivalent/GED (Year Obtained):			
College/University/Trade or Vo	cational School (Name	of School):		
Years attended:				
GOALS:				
Career Goal:				
Current School/Location:				
Quarters/Semesters needed to	complete the course of	of study:		
Date of anticipated completion:				
Estimated educational expense	es for 23-24 academic	year:		
Tuition:	Books:	C	Other:	

APPLICATION SUBMISSION:

Please complete the application in its entirety. With your application, please include a 500-word personal essay which tells us why you are applying for this scholarship and how it will benefit you. Return the completed scholarship application form and personal essay to: Scholarship Chair, Fountain Hills Women's Club, PO Box 18271, Fountain Hills, AZ 85269 or submit to LeslieHermansen@msn.com. All materials must be received by April 10, 2023, to be considered for a scholarship grant.