

## **SENIOR COUNSELOR**

Enclosed are 3 applications (**please duplicate as needed**) for Valley Woman's Club Scholarships. The amount of each Scholarship is \$2,000.00. The following information **MUST** be enclosed with the application:

Student **MUST** live in 40272

**ALL** information on the application must be completed

The student must write and sign a letter explaining why they are applying for this scholarship, what they hope to do, and where they plan to go to college.

Attach a letter from their Senior Counselor

Attach an **OFFICIAL TRANSCRIPT** which shows their grade point average and ACT/SAT scores

The completed application with attachments must be **MAILED AND RECEIVED BEFORE MARCH 22, 2019** to:

Carol Hamilton  
6602 North Drive  
Louisville, KY 40272

**VALLEY WOMAN'S CLUB**  
**JEFFERSON COUNTY (40272) SENIOR**  
**SCHOLARSHIP APPLICATION**

NAME \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_, LOUISVILLE, KY 40272

HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_

FATHER'S NAME \_\_\_\_\_ OCCUPATION \_\_\_\_\_

PLACE OF EMPLOYMENT \_\_\_\_\_ ANNUAL INCOME \_\_\_\_\_

MOTHER'S NAME \_\_\_\_\_ OCCUPATION \_\_\_\_\_

PLACE OF EMPLOYMENT \_\_\_\_\_ ANNUAL SALARY \_\_\_\_\_

**IF EITHER PARENT IS RECEIVING DISABILITY, CHILD SUPPORT, FEDERAL/STATE ASSISTANCE THAT AMOUNT MUST BE REPORTED IN THIS BLANK \$**

NUMBER OF DEPENDENTS (UNDER 18 YEARS OF AGE) OF PARENTS \_\_\_\_\_

YEAR OF GRADUATION \_\_\_\_\_ FROM \_\_\_\_\_ HIGH SCHOOL

**UNWEIGHTED** GRADE POINT AVERAGE (BASED ON 4-POINT ) \_\_\_\_\_

DOES THE APPLICANT WORK? \_\_\_\_\_ LOCATION \_\_\_\_\_

OTHER SCHOLARSHIPS RECEIVED (LIST NAMES AND AMOUNTS) \_\_\_\_\_

LIST AMOUNT OF KEES MONEY YOU WILL RECEIVE \_\_\_\_\_

EXTRA CURRICULAR ACTIVITIES \_\_\_\_\_

I PLAN TO MAJOR IN \_\_\_\_\_ IN COLLEGE.

WERE YOU A GOVERNOR'S SCHOLAR? \_\_\_\_ YES \_\_\_\_ NO

1. Attach a personal letter explaining financial needs, your reasons for wanting to further your education, and your goal for the future. **This letter must be prepared and signed by the applicant.**
2. This application must be accompanied by a letter of recommendation from your Senior Counselor and an **OFFICIAL** transcript which includes grade point average and ACT/SAT test scores.
3. **APPLICANT MUST RESIDE IN THE 40272 ZIP CODE AND HAVE A 3.0 OR HIGHER GPA IN HIGH SCHOOL.**
4. Send completed application and required documents to **Carol Hamilton, 6602 North Drive, Louisville, KY 40272**
5. **THIS INFORMATION MUST BE RECEIVED NO LATER THAN MARCH 22, 2019**