Westport Woman's Club Adult Woman Scholarship

Scholarship Application

The Westport Woman's Club has been serving the Westport, CT community since 1907. Service and philanthropy have been our main mission, specifically in three areas: grants, scholarships and service projects. Over time we have spread our efforts across Fairfield County, supporting area non-profit organizations.

The **Westport Woman's Club Adult Woman Scholarship** is awarded to women seeking to complete a degree or certification certificate after non-traditional post-high school experiences. Scholarships are granted based on financial need to those who have demonstrated resilience, resourcefulness, and a commitment to growth. We believe it is never too late to invest in yourself and your future.

Scholarships are for TUITION ONLY.
Awards are sent directly to the college/university and are made based on:

- Financial Need
- Applicant's post-high school experiences
- Applicant's high school/college scholastic record. Academic grades must be "C" or above. Or a GED diploma.
- A written summary of life experience.
- Applicant must be pursuing a 4-year or 2-year technical or vocational education, an associate's degree, or certificate or vocational program in a professional field at an accredited U.S. institution.

ELIGIBILITY REQUIREMENTS

Applicants must meet the following criteria. Please read carefully before completing this application.

- ✓ Age 25 years old, or older, at the time of application
- ✓ Does not currently hold a bachelor's degree or higher
- ✓ Can have college credits (if applicable)
- ✓ Demonstrates eagerness to take on an intellectual challenge and a commitment to completing a program of study
- ✓ Is a resident of Fairfield County

Integrity statement

Applicants should complete all information in this application personally, not generated by Artificial Intelligence "AI" programs.

ALL ASTERISK " * " FIELDS MUST BE COMPLETED

SECTION 1 — PERSONAL INFORMATION

First Name * **Last Name ***

Preferred Name (if different)

Date of Birth * **Age ***

Mailing Address *

City * **State / ZIP Code ***

Phone Number * **Email Address ***

SECTION 2 — EDUCATIONAL BACKGROUND

Highest level of education completed *

□ High school diploma / GED □ Some college (no degree) □ Some advanced education program

Have you previously attended any college or post-secondary institution? *

□ No □ Yes — list below

If yes, list institutions attended:

Institution Name	Dates Attended	Credits Earned	Field of Study

Total college credits completed to date (if any):

SECTION 3 — INTENDED PROGRAM OF STUDY

Type of program you plan to pursue *

□ 4-Year Bachelor's Degree □ Two-year Degree □ Vocational / Trade School □ Certificate Program

Expected area or field of study *

Please be as specific as possible (e.g., Nursing, Business Admin, Welding Technology, Childhood Education, etc.)

School or program you plan to attend (if known)

Expected enrollment date * — Semester / Term: **Year:**

Expected enrollment status *

□ Full-time □ Part-time □ Not yet determined

Why have you chosen this particular field or program? *

Describe what draws you to this area of study and how it connects to your interests or life experience. (150 words max)

SECTION 4 — POST-HIGH SCHOOL EXPERIENCE

Why are you choosing now to return to school? What is motivating a career pivot or advancement now and how will your chosen program make this successful? * *(150 words max)*

Where do you see yourself 5 to 10 years from now? How does completing this program connect to those goals? * *(150 words max)*

SECTION 5 — FAMILY & PERSONAL SITUATION

Current marital / relationship status

□ Single □ Married / Partnered □ Divorced / Separated □ Widowed

Do you have any dependents? *

□ No □ Yes

If yes, please provide the following information about your dependents:

Relationship to You	Age	Lives with you?	Notes (e.g., special needs)

Do you currently provide caregiving or financial support for anyone outside your household (elderly parent, sibling, other relative)?

□ No □ Yes — describe below

If yes, describe your caregiving responsibilities: *(100 words max)*

Is there anything else about your personal or family situation that you would like to share? (Optional)

SECTION 6A — FINANCIAL NEED & DOCUMENTATION

This scholarship considers financial need as part of its evaluation criteria. All financial information is kept strictly confidential and is used solely for the purposes of assessing eligibility and need.

Please provide an employment resume along with your application and completed questions below.

Current employment status *

□ Employed full-time □ Employed part-time □ Self-employed □ Unemployed □ Other

Current occupation / employer (if employed)

Job Title / Role **Employer Name/Address/Phone #**

Approximate current annual household income *

□ Under $20,000 □ $20,000–$35,000 □ $35,000–$50,000 □ $50,000–$75,000
□ $75,000–$100,000 □ Over $100,000

Have you applied for or do you plan to apply for federal financial aid (FAFSA)?

□ Yes — already submitted □ Yes — plan to apply □ No □ Not sure

Are you receiving or do you expect to receive any other scholarships or grants?

□ No □ Yes — list below

Do you receive any military benefits? *

□ No □ Yes — please describe (100 words max)

Please describe your financial need and why scholarship funding would make a meaningful difference in your ability to pursue your education. * *(150 words max)*

SECTION 6B — REQUIRED FINANCIAL DOCUMENTATION

The following documents are required to verify financial need. Please gather these items and submit them along with your completed application. Applications without required financial documentation will not be reviewed.

#	Required Document	Enclosed?
1	Federal tax return — most recent year (Form 1040 with all schedules)	☐ Yes ☐ No
2	If self-employed: most recent Schedule C or profit/loss statement	☐ Yes ☐ No
3	Documentation of any other household income (Social Security, child support, alimony, rental income, etc.)	☐ Yes ☐ No

SECTION 7 — REFERENCES

Please include two letters of reference with your application that speak to your character, work ethic, career progression (if applicable) and readiness to pursue additional education. References may be provided by a current or former employer, teacher, community leader, mentor, or counselor. References may not be family members.

Reference 1	Reference 2
Full Name:	**Full Name:**
Relationship to Applicant:	**Relationship to Applicant:**
Phone / Email:	**Phone / Email:**
Years Known:	**Years Known:**

SUBMISSION CHECKLIST

Before submitting, please confirm that all of the following are included:

- □ Completed application form (all sections filled out)
- □ Employment resume (if appliable)
- □ Federal tax return — most recent year)
- □ Any other income or benefit documentation (as applicable)
- □ 2 letters of recommendation
- □ Any additional supporting documents you wish to include

Submit your completed application and all supporting documents to: **The Westport Woman's Club, Inc** 44 Imperial Avenue, Westport, CT 06880 Phone: (203) 227-4240 Fax: (203) 227-0367	**APPLICATIONS DUE: Friday, October 16 (no later than 3pm)** **Applications Not 100% Completed Will Not Be Considered**

APPLICANT CERTIFICATION & SIGNATURE

By signing below, I certify that:

- I meet all eligibility requirements as stated in eligibility section.
- All information provided in this application is true, accurate, and complete to the best of my knowledge.
- I affirm that all answers offered in this application are solely my own work and were not generated by any AI program.
- I understand that submitting false or misleading information may result in immediate disqualification and/or revocation of any awarded scholarship funds.
- I authorize the scholarship committee to verify any information provided in this application.
- I agree to notify the committee of any significant changes to my circumstances (enrollment, financial situation, etc.) that may affect my eligibility.
- I understand that scholarship funds are awarded for use toward qualified tuition, fees, and related educational expenses at an accredited institution.
- I give permission for my story (anonymously) to be shared for the purposes of promoting this scholarship program.

Applicant Signature * _____

(Sign above)

Date * _____

(Date above)

FOR COMMITTEE USE ONLY

Application Received: _____ Reviewer Initials: _____ Decision: □ Approved □ Waitlisted □ Declined