THE WOMEN'S CLUB OF COCONUT CREEK
2020 SCHOLARSHIP APPLICATION

Name_____ Age _____
Last First Middle

Address_____ Sex_____

Telephone Number _____ Soc. Sec. # _____

E-Mail Address _____

Father's Name _____ Living? _____

Mother's Name _____ Living? _____

Guardian's Name (if applicable) _____

Occupation of Father _____Occupation of Mother _____

Number of family members living at home_____ Ages of brothers and sisters_____
Number of family members (other than yourself) attending college in 2020_____

Please check the blank representing your family's total income for the past year:
Under $35,000___ $35 - $60,000 ___ $61 - $85,000___ $86-100,000 ___ Over 100,000 _____

What is your current GPA? weighted_____ unweighted _____

Highest total SAT score_____ Highest total ACT score_____

How many total hours of community service have you accumulated? _____

Do you have a job? _____ Where? _____ Number of hours per week? _____
Summer job?_____ Where? _____ Number of hours per week? _____

What college or vocational school have you selected to attend?

_____

Why have you selected this school? _____

_____

Have you been accepted? _____ What is your intended major? _____

List all financial aid, scholarships or grants for which you have applied.

_____

_____

Do you have any relatives in the Women's Club of Coconut Creek? _____
If so, please list their names. _____

I am a resident of Coconut Creek. The statements I have made in this application are true and accurate to the best of my knowledge. I understand that if I receive a scholarship award, it will be available for the Fall 2020 term and must be used by December 31, 2020.

_____ _____
Date Signature of Applicant