SCHOLARSHIP AWARD
A full tuition scholarship covering the fall and spring semesters will be awarded beginning in the 2020 Fall semester to a woman age 25 and over, who is currently enrolled in a degree program at the University of Kentucky as a full-time, undergraduate student. The scholarship will be awarded on the basis of financial need, academic excellence, character and leadership. The scholarship will be renewed for the spring semester while the student’s eligibility is maintained.

ELIGIBILITY REQUIREMENTS
- Applicants must submit a Free Application for Federal Student Aid form with the UK Office of Student Financial Aid (FAFSA priority deadline is March 2).
- Applicants must be U.S. citizens, who are residents of Fayette County.
- Applicants must be enrolled in a degree program at the University of Kentucky as full-time, undergraduate students working on their first degree.
- Applicants must demonstrate financial need, character, leadership and academic excellence by having a cumulative grade point average of 2.75 or better.

DEADLINE
Completed applications must be received in 217 Funkhouser Building before 4:30 p.m. on Monday, June 15, 2020. Applications received after the deadline will not be considered. An application form is on the back of this sheet.

SELECTION PROCESS
Information will be verified and applications will be forwarded to the Lexington Woman’s Club Scholarship Committee for final selection. Finalists will be required to attend a personal interview. The decisions of the Lexington Woman's Club are final.

INFORMATION
For more information please contact:

University of Kentucky Office of Academic Scholarships | 217 Funkhouser Building | Lexington, KY 40506-0054
Phone: (859) 257-4198 | E-mail: academicscholar@lsv.uky.edu | www.uky.edu/AcademicScholarships
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 areas completed will not be considered. Be sure to sign and date your application. Print legibly.
2. Attach a copy of your Free Application for Federal Student Aid/SAR form 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 (biographical sketch, resume, essay, examples of contribution to the community or charitable work, leadership roles, etc.).

Mail or deliver to: Office of Academic Scholarships, University of Kentucky, 217 Funkhouser Building, Lexington, KY 40506-0054

I. PERSONAL INFORMATION:
Name: ________________________________________________________________________
Last Name: __________ First Name: __________ MI: __________
UK ID: __________________ E-mail Address: __________________
Telephone: ___________________________ ___________________________ Birthdate: ___________________________
Home: ___________________________ 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.

<table>
<thead>
<tr>
<th>Name</th>
<th>Age</th>
<th>Name</th>
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II. EDUCATION: (at time of application)
Current Student Status: □ Freshman □ Sophomore □ Junior □ Senior
If Freshman, indicate High School GPA: __________ ACT/SAT Score: __________
Total Credit Hours Completed: __________ Grade Point Average: __________
Number of Hours enrolled/anticipated for Fall 2020: __________  Major: __________
List Where You Have Attended High School and College.

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III. FINANCIAL
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? ___________________________

IV. REFERENCES
Include Addresses and Phone Numbers. NO FAMILY MEMBERS PLEASE.

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<thead>
<tr>
<th>Name</th>
<th>Address and Phone Number</th>
<th>Relationship to You</th>
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V. SIGNATURE:
I certify to the best of my knowledge that all information provided 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: __________________________

*Notification of awards will be mailed to the address provided on this form.
An Equal Opportunity University