



Explanation of Purpose:

This \$1,000 scholarship will be awarded to an adult woman desiring to pursue or complete her education to further her career or financial status.

Eligibility Requirements:

- 1. Applicant must be 25 years of age or older
- 2. Applicant must be a resident of Boone County, Indiana
- 3. Acceptance and proof of enrollment in an accredited school must be submitted before scholarship is awarded

Selection Criteria:

- 1. Satisfactory responses to all segments of this application
- 2. Review of references
- 3. Application must be returned by student by **April 22**, **2019**

Contact person: Colleen Thomas, Scholarship Chair

Cell: 765-891-2540

Email: cthomas3430@gmail.com



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2019 ADULT SCHOLARSHIP APPLICATION

Name First	N A T				
	MI	La	Last		
Address	<u>_</u>				
Street	Τον	Town		Zip	
Home or Cell Phone					
E-mail		Marital Status:	S M	D	
Name and age of depe	endents:				
1					
2					
3					
Occupation					
Employer					
Total annual househol	d income \$				
Post high school educa	ation				
Educational Plan: Nar	ne of Institution and Cou	ırse of Study			
Are you currently enro	lled? Yes No				
	achelor's degree echnical certificate		's degree course		
List other scholarships	and/or grants you will r	eceive:			



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Estimated cost per year for	college education or program \$	
Amount of Student Loans yo	ou will require: \$	
List three references to include Not include relatives.	ude their places of business (i.e. Teach	ner, Employer, etc.)
Name	Place of Business and position	Phone
1		
3		
State briefly III 150 words o	r less why you need this scholarship	

(Attached another sheet if needed).

Please return this completed application by **April 22, 2019** to:

Colleen Thomas 3430 Elm Swamp Road Lebanon, IN 46052 cthomas3430@gmail.com