



Women: Leading · Educating · Mentoring  
Women of Visionary Influence

**WOVI ADDISON APPLICATION FOR SCHOLARSHIP**

Applicant Name: \_\_\_\_\_ Date Submitted: \_\_\_\_\_

Applicant Address: \_\_\_\_\_

Email Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

About how many WOVI Addison monthly meetings has the applicant attended within the last 24 months? \_\_\_\_\_

Why should this applicant be considered for a WOVI Addison Scholarship?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Submitted by Name

\_\_\_\_\_  
Submitted by Signature

Nominated by \_\_\_\_\_ (if not the applicant)

Nominated by Email address \_\_\_\_\_ Cell Phone # \_\_\_\_\_