

CHAPTER SCHOLARSHIP APPLICATION FOR 2019 – 2020 SCHOOL YEAR

Emporia Charter Chapter of American Business Women’s Association

Instructions for completing application:

1. Must be resident of Lyon, Chase, Greenwood, Osage, Morris or Coffey County.
2. Application to be completed by applicant.
3. Please type or print clearly.
4. Attach the following to completed application:
 - a. A letter of reference from high school counselor including your current GPA **OR** copy of grades or transcripts from your College/University including current GPA
 - b. A biographical statement, including educational background, financial need, and other pertinent information about yourself.
5. Send **completed** application with attachments to:
ABWA Scholarship OR normajs@cableone.net
Norma Stinnett
1325 Prairie
Emporia, KS 66801

RETURN TO ABOVE ADDRESS BY APRIL 12, 2019

Applicant’s Name: _____

Permanent Address: _____

Social Security No.: _____ Phone: _____ Age: _____

Marital Status: _____ Number of Dependents: ____ Are you currently employed? _____

Name of current or last employer (if any): _____

Position: _____ Salary/Wages: \$_____

Source and Amount of Funds Available for Semester in which Scholarship is Requested:

Parents: \$_____ Own Income: \$_____ Scholarships: \$_____

Savings: \$_____ Other: (husband, relative, etc.): \$_____

Have you previously received assistance from an ABWA Chapter? Yes _____ No _____

If yes, the amount received: \$_____

Have you, or do you plan to make application to another ABWA Chapter? Yes _____ No _____

If yes, the name of the Chapter: _____

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Identification of Individual(s) Providing Assistance

Name: _____

Relationship (Parent, Guardian, Husband, etc.): _____

Address: _____

Place of Employment and Position (this information is important to the Scholarship committee)

Father: _____

Mother: _____

Guardian/Relative: _____

Educational Institution Applicant Now Attending

Institution's Name: _____

Address: _____

Your Major/Type of Training: _____ GPA: _____

Academic Classification (check one):

High School Senior: _____

College Freshman: _____

College Sophomore: _____

College Junior: _____

College Senior: _____

Graduate Student: _____

Other (specify): _____

Educational Institution in Which Enrollment is Desired

Institution's Name: _____

Address: _____

Course of Study: _____ Degree Sought: _____

Expected Date of Completion: _____ Tuition/Fees per Semester? \$ _____

Date Payment Must be Made: _____ Date Term Begins: _____

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Scholarship Applicant Profile

1. Of which county are you a legal resident: _____

2. How did you hear about the ABWA Scholarships? _____

3. Why are you going to school and what are your goals upon graduation: _____

4. List your involvement in school or community functions, awards received, etc.: _____

5. Note any other interests or abilities you would like to share: _____

(If you need more space, just attach additional pages.)