



INDIANA WOMEN'S EDUCATION FOUNDATION, INC.
LYNN RHOADES MEMORIAL SCHOLARSHIP
Application Form

The Indiana Women's Education Foundation *Lynn Rhoades Memorial Scholarship* is presented to a woman who is **employed at least 20 hours per week** and **has applied to or is attending a post-secondary institution, majoring in accounting**. Financial need is a criterion. This scholarship is only available to a female **25 years of age or older** and who has been an Indiana resident for at least one year prior to the date of the application. Reapplication is required each year. **Incomplete applications will be declined.** The recipient and alternate will be notified by mail. **Scholarship awards will be paid to recipient's school.**

Please type or print

PERSONAL DATA

Name: _____ Age: _____

Address: _____

City, State, Zip _____ Phone: _____

Marital Status: _____ Age(s) of Dependent (s) _____ Length of Indiana residence _____

Social Security Number: _____

Occupation: _____

Employer's Name and Address: _____

Approximately how many hours per week will you work during the school year? _____

Spouse's Employer's Name and Address: _____

EDUCATION PROGRAM FOR WHICH SCHOLARSHIP IS REQUESTED

Name of School: _____

Address: _____

City, State, Zip: _____

Degree/Certificate pursued or type of specialized training desired:

Date of acceptance for school/program: _____ Credits required: _____

Credits earned: _____

Time period (semester/quarter) for which financial assistance is requested: _____

Expected year in college: [] 1st [] 2nd [] 3rd [] 4th [] 5th (undergraduate)

Expected Enrollment Status (check only one)

[] Full-time [] At least half-time but less than full time [] Less than half-time

Date Funds Needed: _____

If married, will your spouse attend school/college at least half time during the current school year? _____

Will any other family members be attending a school of higher learning during the current school year? _____

If so, please include a separate statement identifying their relationship to you, age, name of school/college, program of study, year in school/college, expected expenses for tuition/fees and the amount of your contribution toward those expenses.

FINANCIAL STATEMENT

| | | |
|---|----------|-----|
| 1. Adjusted Gross Income from most recent IRS form. | \$ _____ | (1) |
| 2. Other income not included in line 1 (veteran's educational benefits, Aid to Families with Dependent Children, child support, etc.) | \$ _____ | (2) |
| 3. Total Income (add lines 1-2) | \$ _____ | (3) |
| 4. Total annual family living expenses (mortgage/rent, loan payments, credit card payments, child support food, clothing, insurance, childcare, utilities etc.) | \$ _____ | (4) |
| 5. Total annual school expenses (tuition \$ _____, books, supplies \$ _____) | \$ _____ | (5) |
| 6. Total expenses (add lines 4-5) | \$ _____ | (6) |
| 7. Total net income (subtract line 6 from line 3) | \$ _____ | (7) |
| 8. Total other resources (investments, additional scholarships and grants) | \$ _____ | (8) |

EDUCATIONAL BACKGROUND

Date of high school graduation or GED certificate _____ Name of high school _____

| Post-secondary school(s) | Location | Dates | Field of Study |
|--------------------------|----------|-------|----------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

EMPLOYMENT HISTORY

(Include any paid employment, volunteer or homemaking positions, listing most recent first)

| Dates | Job Title | Employer and Address |
|-------|-----------|----------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

CAREER OBJECTIVES

Please attach a typed or printed statement (not more than 200 words) about your career goals and how your education relates to these goals.

SPECIAL CIRCUMSTANCES

Explain any unusual expenses, education and/or other debts or special circumstances, which you feel might be relevant to the review of this application (attach additional sheet if needed.)

RECOMMENDATION

Attach three letters of recommendation from individuals who are not blood relatives.

CERTIFICATION

All of the information on this form is true and complete to the best of my knowledge. If asked by an authorized official, I agree to give proof of the information that I have given on this form. I realize that this proof may include a copy of my U.S., state, or local tax returns. I also realize that if I do not provide proof when asked, further consideration of this application may be declined by the Indiana Business and Professional Women's Foundation, Inc. I agree to allow the Foundation to publicize information about my scholarship award, including my photo, for publicity purposes. I also agree to briefly address BPW/Indiana members at the state convention or fall conference, if requested.

Signature _____ Date

Send this completed application, your three recommendation letters, and a copy of your college transcript (if applicable) to: Indiana Women's Education Foundation, Inc., 510 E. Silver St., Knightstown, IN 46148-0033
Must be postmarked no later than February 15th