

**Indiana Women's Education Foundation, Inc.**

**SCIENCE, TECHNOLOGY, ENGINEERING AND MATHEMATICS Scholarship**

**Application Form**

The Indiana Women's Education Foundation, Inc. **Science, Technology, Engineering, or Mathematics Scholarship** is presented to a woman **entering her junior or senior year of a four-year undergraduate program in a Science Technology,, Engineering, or Mathematics major..** Financial need is a criterion. This scholarship is only available to a female who has been an Indiana resident for at least one year prior to the date of the application with preference given to an Indiana resident attending an Indiana college or university. 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 the 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 IN residence \_\_\_\_\_

Social Security Number \_\_\_\_\_ Occupation \_\_\_\_\_

Employer's Name & Address \_\_\_\_\_

Will you continue to work for this employer during the school year? \_\_\_\_\_

Spouse's Employer's Name & Address: \_\_\_\_\_

**EDUCATIONAL PROGRAM FOR WHICH SCHOLARSHIP IS REQUESTED**

Name of School: \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Degree / Certificate pursued or type of specialized training desired \_\_\_\_\_

Date studies began (month/year) \_\_\_\_\_ Expected date of completion (month/year) \_\_\_\_\_

Date of acceptance for school/program \_\_\_\_\_ Credits required \_\_\_\_\_ Credits earned \_\_\_\_\_

Time period (semester/quarter) for which financial assistance is requested \_\_\_\_\_

Expected year in college: [ ] 3rd [ ] 4th

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 1040-line31; 1040A-line 13; or 1040EZ-line 3.	\$
2. Other income not included in line 1 (veteran's educational benefits, Aid to Families with Dependent Children, child support, etc.)	\$
3. Total Income (add lines 1-2)	\$
4. Total monthly family living expenses (mortgage/rent, loan payments, credit card payments, child support or alimony payment, food, clothing, insurance, etc.) multiplied by 12 (months)	\$
5. Total annual school expenses (tuition, books, supplies)	\$
6. Total expenses (add lines 4-5)	\$
7. Total other resources (savings, checking, other investments)	\$
8. Total net income (subtract line 6 from line 3)	\$

**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 Women's Education 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 INFBPW 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 official college/university transcripts to:  
Indiana Women's Education Foundation, Inc., 510 E. Silver St., Knightstown, IN 46148-0033

**Must be postmarked not later than February 15**