



## Indiana Women's Education Foundation, Inc.

### *Working Woman Scholarship*

### Application Form

The Indiana Women's Education Foundation *Working Woman 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, carrying at least a part-time class schedule.** 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 & Address \_\_\_\_\_

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

Spouse's Employer's Name & 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 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: [ ] 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. <b>Total Income (add lines 1-2)</b>   | 3)\$ _____ |
| 4. Total annual family living expenses (mortgage/rent, loan payments, credit card payments, child support, food, clothing, insurance, utilities, etc.) | 4)\$ _____ |
| 5. Total annual school expenses (tuition \$ _____, books \$ _____, supplies)   | 5)\$ _____ |
| 6. <b>Total expenses (add lines 4-5)</b>   | 6)\$ _____ |
| 7. Total other resources (investments, scholarships, grants, etc.)   | 7)\$ _____ |
| 8. <b>Total net income (subtract line 6 from line 3)</b>   | 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 official college transcript (if applicable)  
to: Indiana Women's Education Foundation, Inc., 510 E. Silver St., Knightstown, IN 46148  
**Must be postmarked no later than February 15<sup>th</sup>**

