

Arizona Business & Professional Women's Foundation

Fall 2020 SCHOLARSHIP APPLICATION

CHECK ONE: [ ] NEW APPLICATION or [ ] RENEWAL

Name \_\_\_\_\_

Student ID# \_\_\_\_\_

Address \_\_\_\_\_

Telephone No. \_\_\_\_\_

\_\_\_\_\_

Date of Birth \_\_\_\_\_

Email: \_\_\_\_\_

AZ Resident? Y / N # Years \_\_\_\_\_

Name of High School last attended \_\_\_\_\_

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

Other Degree(s) or Certificate(s) completed \_\_\_\_\_ Year \_\_\_\_\_

- ( ) Single ( ) Married ( ) Head of Household. Total number of dependents \_\_\_\_\_
- Semester and Year for which you are seeking this Scholarship \_\_\_\_\_
- Enrollment will be ( ) part time or ( ) full time? For how many credit hours? \_\_\_\_\_
- What Community College will you be attending? \_\_\_\_\_
- Major area of current study \_\_\_\_\_
- Number of accumulated credit hours to date \_\_\_\_\_ and cumulative grade point average \_\_\_\_\_
- What year do you expect to complete the requirements for your Degree or Certificate? \_\_\_\_\_
- Are you currently employed? ( ) No ( ) Yes ( ) Part time ( ) Full time
  - ✓ Position \_\_\_\_\_ Name of Company \_\_\_\_\_
  - ✓ Will you remain in this position while attending college? ( ) Yes ( ) No

Please Note, all applications must include:

1. Two letters of recommendation that include contact information from a business professional (not a relative).
2. A brief bio (*not to exceed one typed page*) to include your Career Goal Statement, any community service involvement and any military association.
3. Your most recent Income Tax Return (or why you do not have one or did not file).
4. An UNOFFICIAL copy of your current or most recent Transcript/Grades.

I have read and understand the guidelines for this Scholarship application. If awarded, I agree to forward my class schedule before each Semester and a copy of my UNOFFICIAL transcript to Arizona Business and Professional Women's Foundation, PO Box 32596, Phoenix AZ 85064.

Signature \_\_\_\_\_ Date \_\_\_\_\_

How did you learn about this Scholarship? \_\_\_\_\_

DEADLINE: Return this form with the required attachments to PO Box 32596, Phoenix AZ 85064 postmarked on/or before July 1, 2020.

azbpwfoundation@gmail.com