Arizona Business & Professional Women's Foundation

Spring 2021 SCHOLARSHIP APPLICATION

Scholarships are awarded only to Arizona residents attending a Community College in Arizona

Name Address Email:	Student ID# Telephone No Date of Birth AZ Resident? Y / N #Years		
			Year
() Single () Married () Head of House	hold Tatal number of dependents		
	hold. Total number of dependents		
Semester and Year for which you are see	eking this Scholarship		
 Semester and Year for which you are see Enrollment will be () part time or () full 	eking this Scholarship time? For how many credit hours?		
 Semester and Year for which you are see Enrollment will be () part time or () full What Community College will you be att 	eking this Scholarship time? For how many credit hours? ending?		
 Semester and Year for which you are see Enrollment will be () part time or () full What Community College will you be att Major area of current study 	eking this Scholarship time? For how many credit hours? ending?		
 Semester and Year for which you are see Enrollment will be () part time or () full What Community College will you be att Major area of current study Number of accumulated credit hours to 	eking this Scholarship time? For how many credit hours? ending? date and cumulative grade point average		
 Semester and Year for which you are see Enrollment will be () part time or () full What Community College will you be att Major area of current study Number of accumulated credit hours to 	eking this Scholarship time? For how many credit hours? ending? date and cumulative grade point average the requirements for your Degree or Certificate?		
 Semester and Year for which you are see Enrollment will be () part time or () full What Community College will you be att Major area of current study Number of accumulated credit hours to What year do you expect to complete th Are you currently employed? () No () 	eking this Scholarship time? For how many credit hours? ending? date and cumulative grade point average the requirements for your Degree or Certificate?		

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 December 15, 2020. Applications received with a postmark later than December 15th will not be considered.

azbpwfoundation@gmail.com