## **Arizona Business & Professional Women's**

## Foundation Fall 2024 SCHOLARSHIP APPLICATION

City, State	Student ID# Telephone No  Date of Birth  AZ Resident? Yes / No # Years
mail: Name of High School last attended City, State	Date of Birth AZ Resident? Yes / No # Years
Name of High School last attended City, State	
City, State	
Other Degree(s) or Certificate(s) completed	
	Year
<ul> <li>Semester and Year for which you are see</li> <li>Enrollment will be ( ) part time or ( ) f</li> <li>What Community College will you be atterned at the second of the second of</li></ul>	usehold. Total number of dependents
<ul> <li>What year do you expect to complete the</li> <li>Are you currently employed? ( ) No (</li> </ul>	e requirements for your Degree or Certificate? ) Yes  ( ) Part time( ) Full time
	Name of Company on while attending college? ( ) Yes ( ) No
	e: ude contact information from a business professional (not a relative). e) to include your Career Goal Statement, any community service
involvement and any military association	• • • • • • • • • • • • • • • • • • • •
<ol> <li>Your most recent Income Tax Return (or a</li> <li>An UNOFFICIAL copy of your current or m</li> </ol>	• •
<del>-</del>	is Scholarship application. If awarded, I agree to forward my class y UNOFFICIAL transcript to Arizona Business and Professional Women'
Signature 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 June 15, 2024. DO NOT SEND CERTIFIED MAIL.

arizonabpwfoundation@gmail.com