

Arizona Business & Professional Women's Foundation

Fall 2025 SCHOLARSHIP APPLICATION

Select One:

Name _____

Student ID# _____

Address _____

Telephone No. _____

Date of Birth _____

Email: _____

AZ Resident?

Years _____

Name of High School last attended _____

City, State _____

Other Degree(s) or Certificate(s) completed _____ Year _____

- Select One: Total number of dependents _____
- Semester and Year for which you are seeking this Scholarship _____
- Enrollment will be 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? Part time or Full time
- ✓ Position _____ Name of Company _____
- ✓ Will you remain in this position while attending college? _____

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 June 15, 2025.. DO NOT SEND CERTIFIED MAIL.

arizonabpwfoundation@gmail.com