Arizona Business & Professional Women's Foundation

Fall 2022 SCHOLARSHIP APPLICATION

lame	Student ID#
Address	Telephone No
·	Date of Birth
mail:	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 House	nold. Total number of dependents
	eking this Scholarship
	time? For how many credit hours?
 What Community College will you be attention 	ending?
 Number of accumulated credit hours to or 	date and cumulative grade point average
 What year do you expect to complete th 	e requirements for your Degree or Certificate?
 Are you currently employed? () No () 	Yes () Part time () Full time
√ Position	Name of Company
	on while attending college? () Yes () No
•	
Please Note, all applications must include	le:
	ude contact information from a business professional (not a relative).
	(e) to include your Career Goal Statement, any community service
3. Your most recent Income Tax Return (or	
4. An UNOFFICIAL copy of your current or n	• •
., ,	• ,
I have read and understand the guidelines for th	nis Scholarship application. If awarded, I agree to forward my class
schedule before each Semester and a copy of m	y UNOFFICIAL transcript to Arizona Business and Professional Women'
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 May 1, 2022. DO NOT SEND CERTIFIED MAIL.

azbpwfoundation@gmail.com