## Arizona Business & Professional Women's Foundation

## Spring 2022 SCHOLARSHIP APPLICATION

Name	Student ID#
Address	Telephone No
	Date of Birth
Email:	AZ Resident? Y / N # Years
City, State	
Other Degree(s) or Certificate(s) completed	Year
• () Single () Married () Head of House	hold. Total number of dependents
<ul> <li>Semester and Year for which you are see</li> </ul>	eking this Scholarship
	time? For how many credit hours?
<ul> <li>What Community College will you be att</li> </ul>	ending?
	date and cumulative grade point average
<ul> <li>What year do you expect to complete th</li> </ul>	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	de:
	lude contact information from a business professional (not a relative).
	ge) 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 r	
_	his Scholarship application. If awarded, I agree to forward my class my UNOFFICIAL transcript to Arizona Business and Professional Women's
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 Deember 15, 2021. DO NOT SEND CERTIFIED MAIL.

azbpwfoundation@gmail.com