Scholarship Instructions

Each scholarship application must be filled out in its entirety or it will NOT be accepted.

Each application:

1. Consists of two (2) pages.
2. Must contain recommendation letters (preferably typed).
3. Must contain the appropriate essay.
4. Must include a copy of your latest transcript.
5. Send completed applications by due date on 2nd page to:

   Indiana Women’s Education Foundation
   P. O. Box 134
   Knightstown, IN 46148

   For questions, contact:

   765-345-9812
   inwomeneducation@gmail.com
   www.inwomeneducation.org
INDIANA WOMEN’S EDUCATION FOUNDATION

Women in Transition Scholarship

Application Form

The Indiana Women’s Education Foundation Women in Transition Scholarship is presented to a woman who is re-entering the workforce, changing careers, or is a displaced worker and who has applied to a post-secondary institution for at least part-time attendance. Financial need is a criterion. This scholarship is only available to a female who is 30 years of age or older and who has been an Indiana resident for at least one year prior to the date of the application. Reapplication is required each year. Incomplete applications will be declined. The recipient and alternate will be notified by mail. Scholarship awards will be paid to the recipient’s school.

Please type or print

PERSONAL DATA

Name ________________________________ Age ______________
Address _______________________________
City, State, Zip __________________________ Phone ______________
Marital Status .......... Age(s) of Dependent(s) ... Length of Indiana residence 
Occupation ____________________________
Employer’s Name & Address ________________________________

Will you continue to work for this employer during the school year? ______________
Spouse’s Employer’s Name & Address ________________________________

EDUCATION PROGRAM FOR WHICH SCHOLARSHIP IS REQUESTED

Name of School ________________________________
Address ________________________________
City, State, Zip __________________________
Degree / Certificate pursued or type of specialized training desired __________________________
Date studies began (month/year) __________ Expected date of completion (month/year) __________________________
Date of acceptance for school/program __________ Credits required __________ Credits earned __________
Time period (semester/quarter) for which financial assistance is requested __________________________
Expected year in college: □ 1st □ 2nd □ 3rd □ 4th □ 5th (undergraduate)
Expected Enrollment Status: (check only one)
□ Full-time □ At least half-time but less than full time □ Less than half-time Date funds needed __________
If married, will your spouse attend school/college at least half-time during the current school year? __________
Will any other family members be attending a school of higher learning during the current school year? __________
If so, please include a separate statement identifying their relationship to you, age, name of school/college, program of study, year in school/college, expected expenses for tuition/fees and the amount of your contribution toward those expenses.

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FINANCIAL STATEMENT

1. Adjusted Gross Income from most recent IRS form. $ (1)
2. Other income not included in line 1 (veteran’s educational benefits, Aid to Families with Dependent Children, child support, etc.) $ (2)
3. Total Income (add lines 1-2) $ (3)
4. Total annual family living expenses (mortgage/rent, loan payments, credit card payments, child support food, clothing, insurance, childcare, utilities etc.) $ (4)
5. Total annual school expenses (tuition $_________, books, supplies $_______________) $ (5)
6. Total expenses (add lines 4-5) $ (6)
7. Total net income (subtract line 6 from line 3) $ (7)
8. Total other resources (investments, additional scholarships and grants) $ (8)

EDUCATIONAL BACKGROUND
Date of high school graduation or GED certificate __________ Name of high school _____________________________
Post-secondary school(s) __________________________ Location __________________________ Dates __________ Field of Study __________

EMPLOYMENT HISTORY
(Include any paid employment, volunteer or homemaking positions, listing most recent first)
Dates __________ Job Title __________________________ Employer and Address __________________________

CAREER OBJECTIVES
Please attach a typed or printed statement (not more than 200 words) about your career goals and how your education relates to these goals.

SPECIAL CIRCUMSTANCES
Explain any unusual expenses, education and/or other debts or special circumstances, which you feel might be relevant to the review of this application (attach additional sheet if needed.)

RECOMMENDATION
Attach three letters of recommendation from individuals who are not blood relatives.

CERTIFICATION
All of the information on this form is true and complete to the best of my knowledge. If asked by an authorized official, I agree to give proof of the information that I have given on this form. I realize that this proof may include a copy of my U.S., state, or local tax returns. I also realize that if I do not provide proof when asked, further consideration of this application may be declined by the Indiana Women's Education Foundation, Inc. I agree to allow the Foundation to publicize information about my scholarship award, including my photo, for publicity purposes. I also agree to briefly address INFBPW members at the state convention or fall conference, if requested.

Signature __________________________ Date __________

Send this completed application, your three recommendation letters, and a copy of your college transcript (if applicable) to: Indiana Women’s Education Foundation, Inc., P.O. Box 134, Knightstown, IN 46148, or email to inwomeneducation@gmail.com

Must be postmarked no later than February 15th

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