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
The Indiana Women’s Education Foundation Working Woman Scholarship is presented to a woman who is employed at least 20 hours per week and has applied to or is attending a post-secondary institution, carrying at least a part-time class schedule. Financial need is a criterion. This scholarship is only available to a female 25 years of age or older 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 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 __________________________________________

Approximately how many hours per week will you work 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.
**FINANCIAL STATEMENT**

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

**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 official 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/sent no later than February 15th