



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, Inc.
Dr. Bertha Beazley Memorial Endowed Scholarship
Application Form

The Indiana Women's Education Foundation ***Dr. Bertha Beazley Memorial Endowed Scholarship*** is presented to a woman **entering her junior or senior year of a four-year undergraduate program in a medical field with direct patient care, including veterinary medicine.** Financial need is a criterion. This scholarship is only available to a female who has been an Indiana resident for at least one year prior to the date of the application with preference given to an Indiana resident attending an Indiana college or university. 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 _____

EDUCATIONAL 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: 3rd 4th

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.	\$ _____	(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, child care, 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 Business and Professional Women's 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 members of the Indiana Federation of Business & Professional Women 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/university transcripts 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

