



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.

Working Woman Scholarship

Application Form

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 | 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, utilities, etc.) | 4)\$ _____ |
| 5. Total annual school expenses (tuition \$ _____, books and supplies \$ _____) | 5)\$ _____ |
| 6. Total expenses (add lines 4-5) | 6)\$ _____ |
| 7. Total other resources (investments, scholarships, grants, etc.) | 7)\$ _____ |
| 8. Total net income (subtract line 6 from line 3) | 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 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

