

**CHAPTER SCHOLARSHIP APPLICATION  
FOR 2018 – 2019 SCHOOL YEAR**

**Emporia Charter Chapter of American Business Women’s Association**

Instructions for completing application:

1. Must be resident of Lyon, Chase, Greenwood, Osage, Morris or Coffey County.
2. Application to be completed by applicant.
3. Please type or print clearly.
4. Attach the following to completed application:
  - a. A letter of reference from high school counselor including your current GPA **OR** copy of grades or transcripts from your College/University including current GPA
  - b. A biographical statement, including educational background, financial need, and other pertinent information about yourself.
5. Send **completed** application with attachments to:  
ABWA Scholarship OR normajs@cableone.net  
Norma Stinnett  
1325 Prairie  
Emporia, KS 66801

**RETURN TO ABOVE ADDRESS BY APRIL 13, 2018**

Applicant’s Name: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

Social Security No.: \_\_\_\_\_ Phone: \_\_\_\_\_ Age: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Number of Dependents: \_\_\_\_ Are you currently employed? \_\_\_\_\_

Name of current or last employer (if any): \_\_\_\_\_

Position: \_\_\_\_\_ Salary/Wages: \$ \_\_\_\_\_

**Source and Amount of Funds Available for Semester in which Scholarship is Requested:**

Parents: \$ \_\_\_\_\_ Own Income: \$ \_\_\_\_\_ Scholarships: \$ \_\_\_\_\_

Savings: \$ \_\_\_\_\_ Other: (husband, relative, etc.): \$ \_\_\_\_\_

Have you previously received assistance from an ABWA Chapter? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, the amount received: \$ \_\_\_\_\_

Have you, or do you plan to make application to another ABWA Chapter? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, the name of the Chapter: \_\_\_\_\_

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**Identification of Individual(s) Providing Assistance**

Name: \_\_\_\_\_

Relationship (Parent, Guardian, Husband, etc.): \_\_\_\_\_

Address: \_\_\_\_\_

**Place of Employment and Position (this information is important to the Scholarship committee)**

Father: \_\_\_\_\_

Mother: \_\_\_\_\_

Guardian/Relative: \_\_\_\_\_

**Educational Institution Applicant Now Attending**

Institution's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Your Major/Type of Training: \_\_\_\_\_ GPA: \_\_\_\_\_

Academic Classification (check one):

High School Senior: \_\_\_\_\_

College Freshman: \_\_\_\_\_

College Sophomore: \_\_\_\_\_

College Junior: \_\_\_\_\_

College Senior: \_\_\_\_\_

Graduate Student: \_\_\_\_\_

Other (specify): \_\_\_\_\_

**Educational Institution in Which Enrollment is Desired**

Institution's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Course of Study: \_\_\_\_\_ Degree Sought: \_\_\_\_\_

Expected Date of Completion: \_\_\_\_\_ Tuition/Fees per Semester? \$ \_\_\_\_\_

Date Payment Must be Made: \_\_\_\_\_ Date Term Begins: \_\_\_\_\_

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**Scholarship Applicant Profile**

1. Of which county are you a legal resident: \_\_\_\_\_

2. How did you hear about the ABWA Scholarships? \_\_\_\_\_

3. Why are you going to school and what are your goals upon graduation: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. List your involvement in school or community functions, awards received, etc.: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Note any other interests or abilities you would like to share: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(If you need more space, just attach additional pages.)