

SCHOLARSHIP APPLICATION

CAREER WOMEN'S GUILD
PO BOX 251
GOSHEN, IN 46526

AMOUNT OF SCHOLARSHIP: \$500.00 One Time

PURPOSE: The scholarship will be granted to a woman who is either employed or re-entering the job market. She may be pursuing further education or training to benefit her in a current career or to develop new career skills.

QUALIFICATIONS: There are no age limitations for the scholarship applicant. The applicant must meet the following qualifications:

1. Be a high school graduate or equivalent
2. Meet the entrance requirements of an accredited school or training facility
3. Demonstrate a financial need
4. Be a resident of Elkhart County

Applications must be complete and include all requested information in order to be considered for the scholarship.

NOTE: The Guild must receive a letter of acceptance from the school or training facility that applicant plans to attend before the scholarship is awarded

Completed applications must be received by the Career Women's Guild on or before **Wednesday, April 15, 2009** to be considered for the fall 2009 award of the scholarship. Please mail completed applications to the above address.

CAREER WOMEN'S GUILD SCHOLARSHIP

Applicant Name _____ **Date** _____

Address _____

Telephone Numbers:

Home _____ Work _____

Employer (if applicable) _____

Spouse Name (if applicable) _____

Number and ages of dependant children _____

High School, Colleges, Universities or Training Centers Attended

<u>School Name</u>	<u>Address</u>	<u>Phone</u>	<u>Dates Attended</u>	<u>Major</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Institution where you have been accepted _____

Location _____ **Major** _____

Applicant's anticipated budget for the current year

<u>Income</u>	<u>Amount</u>	<u>Expenses</u>	<u>Amount</u>
Scholarships	_____	Tuition/fees	_____
Loans from others: (specify source)	_____	Books & Supplies	_____
Gifts	_____	Room & board (from campus)	_____
Other (include wages)	_____	Transportation, other	_____

CAREER WOMEN'S GUILD SCHOLARSHIP

Applicant name _____

Check Appropriate Statement:

_____ Education and/or training would not be possible without scholarship assistance.

_____ Education and/or training would be difficult without scholarship assistance.

_____ Education and/or training are not dependent upon scholarship assistance.

Please explain why you feel you have a financial need:

Please explain why you feel you deserve the scholarship:

Please state your career goal:

What steps have you previously taken toward achieving your goal?

Please include a statement from someone who knows you, your qualifications and goals. (Employer, minister, professor, etc.)

Applicant Signature _____