SCHOLARSHIP APPLICATION

Sedalia Business Women

Eligibility Requirements

- Applicant must have a financial need.
- Applicant **must be re-entering the job market or re-training** to improve job opportunities.
- Applicant must be seeking a one-year certificate or a two-year associate degree or be working towards a four-year Bachelor's degree or beyond. (SBW Scholarships will not be awarded to cover correspondence or short-term courses).
- Applicant must be a permanent resident of Pettis or adjacent counties.
- Applicant must be a U.S. citizen.
- Applicant must have applied to an accredited school located in the U.S. and have been accepted. (Verification of enrollment in classes at the college will be required before awarding scholarship.)

Scholarship Parameters

- SBW will award scholarships annually depending on available funds.
- The awarded amounts for each scholarship will depend on applicant's need and funds available. (Annual maximum amount awarded is \$1,500.)
- Scholarships are awarded once a year to cover the cost of tuition, fees, and other related school expenses.
- Recipient may renew the scholarship by reapplying through the application process.

Application Procedure

- Apply, meet all entrance requirements, and be accepted to an accredited school.
- Complete the attached application and **submit it by July 31**. (See the last page for options by which you may submit your application):
- Attach essay (See essay requirements).
- Attach at least two signed letters of recommendation.

SBW SCHOLARSHIP APPLICATION FORM

Please type or print.			
Personal Data			
Name:			
Last name	First	Middle	Maiden
Permanent Address:			
	City	State	Zip
Home Phone: ()	Cell Phone: ()	·
Date of Birth:	County of residence	2:	
Are you a U.S. Citizen? (circle)	es No E-Mail Address		
Marital Status: (circle) Sing	le Married Separated	Divorced	Widowed
Educational Information Name and address of accredited	school where you have bee	n accepted:	
What is your area/field of study?			
What degree/certification are yo	u seeking?		
Will you be a part-time or full-tin	ne student? (circle) Part-ti	me Full time	
Beginning date of term for which	funds are requested: Mon	th:	Year:
Ending date of term for which fu	nds are requested: Month:	Υε	ear:
Anticipated date you will receive	your degree/certificate:		
If you are awarded the scholarsh school to be credited to your acc	• • •	-	warded to your
Do you plan to work while atten	ding school? Yes No If ye	es, indicate: Full	time Part-time
Type of employment?			

Financial Statement

(Anticipated monthly income during the term identified on the previous page)

	<u>Your</u> Monthly Income	Monthly Income of Spouse/Other	
Net Wages and Salary (after taxes)			
Interest and Dividends			
Child Support/Alimony			
Social Security Income			
Disability Payments (explain)			
Government Assistance			
Other (please explain) :			
Total <u>Monthly</u> Income			
Anticipated education related expenses for the <u>term</u> identified on the previous page:			
Tuition and fees			

Books and supplies	
Transportation	
Child care (needed because of studies)	
Other (explain)	

Total Educational Expenses for <u>Term</u>

What other scholarships/financial aid have you applied for? (e.g Pell Grant) _____

What other scholarships/financial aid have you been awarded for the identified term? State the amount of each.

Educational Background

Please list all schools you have attended and the degrees/certificates/diploma you have received. (Include high school, college(s), business/technical, and trades schools).

Name of School	Location	Field of Study	Degree	Date of Completion

References

Please list below three people we may contact regarding your application. References may be from former teachers, school officials, employers, neighbors, friends, or individuals not related to you.

Name	Telephone Number	Relationship to you
1.		
2.		
3.		

If you are being referred by a Missouri Business Women member, what is that member's name and to which MBW Chapter does this individual belong?

Name:	_ Chapter	
Have you ever been a recipient of a SBW Scholarship? (circle)	Yes	No
Are you a current member of SBW? (circle) Yes No		
Where did you hear about this scholarship opportunity?		
Community Service		

Required Essay

On an attached sheet type a brief statement outlining the following:

- Your educational goals
- Long-range career plans and how this proposed training will help you accomplish your goals
- Discuss your current activities or future plans to support women's issues.
- Discuss your financial need.
- Work experience
- School and club activities (current and past)
- Community Service and church/volunteer activities (current and past)

Please attach typed essay and at least two <u>signed</u> letters of recommendation to this application.

Read and sign below if you agree:

I certify that to the best of my knowledge the information contained in this application is true and correct. I understand this application will not be considered for review unless it is signed and dated.

Signature

Date

This application may be mailed to:

SBW Scholarship, Julie Slocum, 23237 Cedar Dr, Sedalia, MO 65302

Alternatively, you may email your application to: <u>sbwmail@sedaliabwm.org</u> but please be aware that email is not a secure mode of communication. If you choose to email your application, you may want to include a note similar to the following:

"Confidentiality Notice: The contents of this electronic communication may contain confidential information which belongs to the sender and which is legally privileged. The information is intended only for the use of the individual or entity named above. If you are not the intended recipient, you are hereby notified that any disclosure, copying distribution or the taking of any action based upon the contents of this information is strictly prohibited. If you have received this communication in error, please notify us immediately and delete the communication in its entirety from your electronic communication system."