

INFBPW/CRAWFORDSVILLE

INDIANA FEDERATION OF BUSINESS AND PROFESSIONAL WOMEN'S CLUB OF
CRAWFORDSVILLE



AWARD APPLICATION FORM

The INFBPW/CRAWFORDSVILLE Award is presented to a woman who is returning to an accredited post-secondary school. We especially encourage those who are **re-entering the workforce, changing careers,** or is a **displaced worker** and who **has applied and been accepted to an accredited post-secondary institution for at least part-time attendance.** This award is only available to a female who is a Montgomery County resident prior to the date of this application. Reapplication is required each year. You are eligible to receive the scholarship one time. **Incomplete applications may be declined.** The recipient and alternate will be notified by mail or by phone. **Awards will be paid to the recipient.**

PERSONAL DATA

Please print or type

Name _____
Address _____
City, State, Zip _____ Phone _____
E-mail _____
Occupation _____ # of Dependents in Household _____
Are you an INFBPW member (Y) (N) or a relative of an INFBPW Member? _____

EDUCATION PROGRAM FOR WHICH AWARD IS REQUESTED

Name of school _____
Address _____
City, State, Zip _____
Degree pursued/type of specialized training desired _____
Date studies began (mo/yr) _____ Expected date of completion _____
Current year in college (if Applicable) _____
Expected Enrollment Status: (Check only one) () Full time () At least half-time but less than full
() Less than half-time Date funds needed _____
List all scholarships and amounts that you have received or anticipate you will receive this year _____

*******Attach proof of acceptance to an accredited post-secondary institution.**

Examples of Accepted proof: Letter, Student ID, grade reports, registration

All sections must be completed. *****

EDUCATIONAL BACKGROUND

Date of high school graduation or GED certificate _____

Name of high school _____

Post-secondary school(s)	Location	Dates	Field of study
_____	_____	_____	_____
_____	_____	_____	_____

CAREER OBJECTIVES

We would love to know more about how you will use this award. Please attach a brief typed or printed statement about your career goals and how your education relates to these goals. If already a student, a letter of recommendation from a professor would be appreciated also.

COMMUNITY INVOLVEMENT AND ACTIVITIES

We would love to know more about you as a Professional Woman. If you have been or are involved in our community, please attach a typed or printed statement (not more than 200 words) about your community involvement and activities.

CERTIFICATION

All of the information on this form and attachments is true and complete to the best of my knowledge. If asked by authorized officials, I agree to give proof of the information that I have given on this form. I also realize that if I do not provide proof when asked, further consideration of this application may be declined by the INFBPW-Crawfordsville. I agree to allow the INFBPW-Crawfordsville to publicize information about my award, including my photo, for publicity purposes. I also agree to briefly address the INFBPW-Crawfordsville at a local meeting if requested.

Signature

Date

Send this completed application and requested attachments to:
Crawfordsville INFBPW, PO Box 493, Crawfordsville, IN, 47933-0493

Must be postmarked no later than May 1 and November 1

This award is in the amount of \$500.00

