

**ABWA–Career Chapter  
Scholarship Application  
2010-2011 Academic Year  
Application Deadline: March 15, 2010**



**Qualifications:**

- ♦ Female
- ♦ Enrolled to attend Washburn University (minimum of 6.0 for-credit hours required)
- ♦ Cumulative Grade Point Average of no less than 3.0
- ♦ Demonstrate financial need
- ♦ Professional or business career goals
- ♦ Available to be interviewed

**Instructions:**

1. Application must be completed legibly – visit [www.abwa-career.org](http://www.abwa-career.org) for application
2. Documents **required** for complete application:
  - ♦ Two (2) *character* reference letters
  - ♦ One (1) *academic* reference letter
  - ♦ Transcript of courses completed to date
  - ♦ Biographical statement including: educational background, career goals, financial need, community service involvement or other pertinent information

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**Application Form**

Name: \_\_\_\_\_ E-mail: \_\_\_\_\_

SSN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Current Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

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

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Number of Dependents (exclude self): \_\_\_\_\_

Are you currently employed?  Yes  No If yes, hours worked per week: \_\_\_\_\_

Employer: \_\_\_\_\_ Position: \_\_\_\_\_

Average monthly compensation: \$ \_\_\_\_\_

Have you previously received assistance from ABWA-Career Chapter?  Yes  No

Date Received: \_\_\_\_\_ Amount Received: \$ \_\_\_\_\_

Source and amounts of funding you have available for the academic school year in which you are requesting an ABWA-Career Chapter Scholarship:

<input type="checkbox"/> Earned Income	\$ _____	<input type="checkbox"/> Savings	\$ _____
<input type="checkbox"/> Pension Earnings	\$ _____	<input type="checkbox"/> Pell Grant	\$ _____
<input type="checkbox"/> Parental Assistance	\$ _____	<input type="checkbox"/> Stafford Loan–Unsubsidized	\$ _____
<input type="checkbox"/> Child Support	\$ _____	<input type="checkbox"/> Stafford Loan–Subsidized	\$ _____
<input type="checkbox"/> Disability Income	\$ _____	<input type="checkbox"/> Other Loans	\$ _____
<input type="checkbox"/> Scholarship	\$ _____	<input type="checkbox"/> Other Government Assistance	\$ _____
<input type="checkbox"/> Scholarship	\$ _____	<input type="checkbox"/> Other Funding	\$ _____
<input type="checkbox"/> Scholarship	\$ _____	<b>TOTAL FUNDING (all categories):</b>	\$ _____

Educational Institution Now Attending: \_\_\_\_\_

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

Major: \_\_\_\_\_ GPA: \_\_\_\_\_

Enrollment Status:	<u>Fall 2009 (select one)</u>	<u>Spring 2010 (select one)</u>
	<input type="checkbox"/> 12 Hours or more	<input type="checkbox"/> 12 Hours or more
	<input type="checkbox"/> 9 to 11 Hours	<input type="checkbox"/> 9 to 11 Hours
	<input type="checkbox"/> 6 to 8 Hours	<input type="checkbox"/> 6 to 8 Hours

Current Academic Classification (select one):

<input type="checkbox"/> High School Senior	<input type="checkbox"/> College Junior	<input type="checkbox"/> Other: _____
<input type="checkbox"/> College Freshman	<input type="checkbox"/> College Senior	
<input type="checkbox"/> College Sophomore	<input type="checkbox"/> Graduate Student	Credit Hours Completed: _____

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

Anticipated Date of Completion: \_\_\_\_\_ Ideal Job (Post Grad): \_\_\_\_\_

Next Academic Year Expenses: Tuition/Fees \$ \_\_\_\_\_ Books/Supplies \$ \_\_\_\_\_

If a current Washburn University student, are you a member of the ABWA Student Chapter?  Yes  No

List participation in school activities and/or community OR volunteer services:  
\_\_\_\_\_  
\_\_\_\_\_

List of honors/awards received:  
\_\_\_\_\_  
\_\_\_\_\_

Return completed application with attachments on or before **March 15, 2010** to:

**Deann Tiede, Education Chair  
ABWA–Career Chapter  
PO Box 2221  
Topeka, KS 66601**

**AUTHORIZATION**

All the information on this form is true and complete to the best of my knowledge. I hereby authorize the release of my scholarship application, references and transcript information to any individual(s) involved in the selection of scholarship recipients. If I am chosen to receive an award, I authorize ABWA-Career Chapter to release/publicize my name and the name of the scholarship I have received. I agree to accept the decision of the selection committee or its designee(s) as final. If awarded a scholarship, I will notify ABWA-Career Chapter Education Chair of any change in my status.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_