

# ABWA–Career Chapter Scholarship Application

2020-2021 Academic Year

Application Deadline: March 31, 2020



## Qualifications:

- ♦ Enrolled to attend Washburn University (minimum of 6 for-credit hours required) OR Washburn Institute of Technology (minimum of 12 for-credit hours required)
- ♦ Cumulative Grade Point Average of no less than 3.0 (must be maintained for distribution of spring semester funds)
- ♦ Demonstrate financial need
- ♦ Available to be interviewed  
(Preference is given to women attending Washburn University or Washburn Institute of Technology)

## 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
  - ♦ Official transcript of courses completed to date
  - ♦ Biographical statement including: educational background, career goals, financial need, community service involvement or other pertinent information

## Application Form

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

SSN or WU student #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell/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:

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

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

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

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

Enrollment Status: Fall 2019 (select one) Spring 2020 (select one)  
12 Hours or more 12 Hours or more  
9 to 11 Hours 9 to 11 Hours  
6 to 8 Hours 6 to 8 Hours

Current Academic Classification (select one):  
High School Senior College Junior Other: \_\_\_\_\_  
College Freshman College Senior  
College Sophomore 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** \$ \_\_\_\_\_

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

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

List of honors/awards received:

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

(Please feel free to attach additional pages of information on the above two items if desired.)

Return completed application with attachments on or before **March 31, 2020** to:

**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: \_\_\_\_\_