

## **INFBPW/Zionsville**

### **Requirements and check list**

#### **Requirements**

- Must be a graduating High School Senior
- Attending an accredited post-secondary school
- A resident of Boone County

#### **Check list**

- Must attach recent copy of grades
- Must attach proof of acceptance to an accredited post-secondary institution
- Must attach statement of how this scholarship will help you with your Career Goals
- Must attach statement of Community involvement and activities
- Special circumstances (if applicable)

# **INFBPW/ZIONSVILLE**

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

## **SCHOLARSHIP APPLICATION FORM**

The INFBPW/ZIONSVILLE Scholarship is presented to a graduating senior who **has applied and been accepted to an accredited post-secondary institution for at least part-time attendance.** This scholarship is only available to a graduating senior who is a Boone County resident prior to the date of this application. You are eligible to receive the scholarship one time. **Incomplete applications will be declined.** The recipient will be notified by mail.

### **PERSONAL DATA**

*Please print or type*

Name \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Phone \_\_\_\_\_

E-Mail \_\_\_\_\_

Name of High School \_\_\_\_\_

Date of high school graduation: \_\_\_\_\_

Employer's Name & Address (if applicable) \_\_\_\_\_

Will you continue to work for this employer during the school year? \_\_\_\_\_

Are you a relative of an INFBPW Member? \_\_\_\_\_

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### **EDUCATION PROGRAM FOR WHICH SCHOLARSHIP IS REQUESTED**

Name of college or university \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Attach your most recent grades \_\_\_\_\_

Field of Study/type of specialized training desired \_\_\_\_\_

Date to begin (mo/yr) \_\_\_\_\_ Expected date of completion \_\_\_\_\_

Expected Enrollment Status: (Check only one) ( ) Full time ( ) At least half-time but less than full  
( ) Less than half-time

List all scholarships and amounts that you have received or anticipate you will receive this year \_\_\_\_\_

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

### **CAREER OBJECTIVES**

Please attach a typed or printed statement (not more than 200 words) about your career goals and how your education plans relate to these goals.

### **COMMUNITY INVOLVEMENT AND ACTIVITIES**

Please attach a typed or printed statement (not more than 200 words) about your community involvement and activities.

### **SPECIAL CIRCUMSTANCES (if applicable)**

Please attach a typed or printed statement (not more than 200 words) explaining any unusual expenses, education and / or other debts or special circumstances, which you feel might be relevant to the review of this application.

### **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. I agree to allow the INFBPW to publicize information about my scholarship award, including my photo, for publicity purposes.*

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Signature

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Date

**Deadline:** Return this completed application and requested attachments to the High School Guidance Office, **no later than Monday, March 12<sup>th</sup>.**

This scholarship is in the amount of \$500.00