Three Rivers Business and Professional Women

(A Non-Profit Organization)

Scholarship Application for \$500.00 For Non-Traditional Full time Students

The Missouri Federation is committed to women helping women through education, legislation and building self-sufficiency.

I.Name				
Mailing Address				
City/State/Zip				
Telephone (w)	(H)	(cell)		
Email			Birth Date	
II.Education: List school	Is attended and/or any i	n which you are curr	ently enrolled.	
School		Location		
Field of Study:				
Expected Graduation D	ate:			
School or Institution:				
Are you presently atter	nding school? If not, plea	ase explain why:		

II. Achievements (Note any achievements and/or specific recognitions received in your field	of
endeavor.)	
	<u>.</u>
V. Community Involvement: List professional and/or civic affiliations.	
/. Finances:	
Gross annual family income	
Number of people in family (include college age children. If you are their sole support.)	
Gross annual income of applicant:	
Source:	
Are you currently receiving a scholarship?	
If yes, sourceAmountAmount	
Other sources of income or assistance (Pell Grants,ADC,HYD, etc.)	
Projected educational expenses:	
Tuition (per semester)	
Books (per semester)	
Other (daycare)	
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tatement of Intent: (use only the space provided) Summarize your present and long range car s:	reer

B. Upon completion of your program of study how will you participate in and contribute to your community?
C. Why do you feel you would make a good recipient?
D. Please describe any special circumstances which may have influenced your ability to continue your education.

Academic	Personal	Professional				
VIII. Provide current transcript (if not more than 5 years old) and resume.						
IX. AGREEMENT: IT IS HEREBY UNDERSTOOD THAT MY APPLICATION AND SUPPORTING INFORMATION BECOMES THE PROPERTY OF THREE RIVERS BUSINESS AND PROFESSIONAL WOMEN AND THEY SHALL HAVE DISCRETIONARY AUTHORITY IN ANY MATTER PERTAINING TO THIS AWARD.						
I UNDERSTAND THAT THIS AWARD MAY BE TAXABLE IN THE UNITED STATES: (SEE INTERNAL REVENUE SERVICE TAX CODE FOR INFORMATION.)						
I CERTIFY THAT THE INFORMATION IN THIS APPLICATION IS COMPLETE AND ACCURATE TO THE BEST OF MY KNOWLEDGE AND I WILL NOTIFY THE MISSOURI BUSINESS AND PROFESSIONAL WOMEN'S FOUNDATION, INC. IF THERE ARE ANY CHANGES.						
			Signature of Applicant			
Date:						
COMPLETED APPLICATIONS AND LETTERS OF						

VII. Provide three (3) letters of recommendation: One (1) each of the following:

COMPLETED APPLICATIONS AND LETTERS OF
RECOMMENDATION MUST BE RECEIVED BY
"THREE RIVERS BUSINESS AND PROFESSIONAL
WOMEN" BY AUGUST 1, 2015

SEND APPLICATION TO:

LAURIE SUTTON

408 STARK BLVD.

HERMANN MO. 65041

SCHOLARSHIP CHECKLIST

- 1. Scholastic Needs
- 2. Financial Needs
- 3. Other Sources of Income
- 4. Achievements
- 5. Community Involvement
- 6. Career Goals
- 7. Personal Statement
- 8. Recommendations