BPW Violet Ford Memorial Scholarship

Presented by the Baldwin City Business and Professional Women's Organization

The Violet Ford Memorial Scholarship is a scholarship for persons with a high school diploma or GED, and pursuing continued education or training to enhance their career choice. The applicant must be between the ages of 18 and 20 and enrolled in a post-secondary school. Please fill out this application as completely as possible. This will enable us, the members of **The Baldwin City Business and Professional Women's Organization**, make the best informed choices for awarding the scholarship possible. Winners will be selected in May.

Application Due Date; March 15, 2014

1. PERSONAL INFORMATION						
Name						
Address:	City:State:		Zip:	-		
Phone Number:	Cell Number:					
Date of BirthMarital Status_		E-mail Address:			_	
2. EDUCATION INFORMATION						
College or University Course of Study Anticipated Graduation Date: School History	Post-secondary GPA					
Name of School		Course of Study	I	Date Attended		
					_	
3. Please list all other grants, scholarships or monetary assistance will you be receiving.						
NAME				AMOUNT		
4. EMPLOYMENT HISTORY						
Company		Address				
Dates of Employment		Phone#				
Your Position		Supervisor				

Employment history cont					
Company	Address				
Dates of Employment	Phone#				
Your Position	Supervisor				
5. Include an individual statement describing unique education experience, and your involvement in the community. List a					
6. Please write about what you know about the Business a	and Professional Women's Organization.				
7. On a separate sheet of paper or on the back of this app for your future.	lication, please tell us about your goals and plans				
8. Personal references. Please provide the names and contact information of three personal references.					
Name:	Phone#				
Mailing Address:					
e-mail:	Di #				
Name:	Phone#				
Mailing Address:					
e-mail:	Dh. co #				
Name:	Phone#				
Mailing Address:					
e-mail:					
I, the undersigned, attest that all of this information is true	and accurate to the best of my ability.				
Signature_	Date				
Please send application to: Baldwin BPW Scholarship, Box 503, Baldwin, KS 66006.					
Be sure that all necessary information is filled out and all essays are attached to this form.					