

# Scholarship Application

• EMERALD COAST BUSINESS WOMEN'S ASSOCIATION

DATE \_\_\_\_\_ SCHOOL \_\_\_\_\_

STUDENT ID \_\_\_\_\_

TERM \_\_\_\_\_

AMOUNT REQUESTED \$ \_\_\_\_\_

Name \_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_

HOME PHONE \_\_\_\_\_ BUSINESS PHONE \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

ARE YOU OVER AGE 23? Yes \_\_\_\_\_ No \_\_\_\_\_ SEX: Male \_\_\_\_\_ Female \_\_\_\_\_

Marital Status: Single \_\_\_\_\_ Married \_\_\_\_\_ Widowed \_\_\_\_\_ Divorced \_\_\_\_\_ Separated \_\_\_\_\_

Do you have dependents? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, list names and ages:

\_\_\_\_\_

If married, list spouse's occupation and place of employment:

\_\_\_\_\_

Name of College \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Are you currently enrolled at this institution? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please complete the following:

Field of Study \_\_\_\_\_ GPA \_\_\_\_\_

Part Time \_\_\_\_\_ Full Time \_\_\_\_\_

Total credits required for degree \_\_\_\_\_

Credits already earned toward this degree \_\_\_\_\_

Anticipated graduation date \_\_\_\_\_

Are you receiving any other financial aid? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, list sources and amounts: \_\_\_\_\_

\_\_\_\_\_

Are you a high school graduate or GED certified? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have previous college experience? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, fill in the following:

Name of College	Location	Attended		Course of Study	Degree obtained	GPA
		From	To			

Are you a U.S. citizen? Yes \_\_\_\_\_ No \_\_\_\_\_

If no, are you a legal resident? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you currently employed? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, are you employed full time or part time? \_\_\_\_\_

List name, address, and phone number of employer: \_\_\_\_\_

\_\_\_\_\_

Please give a brief work history covering the past five years.

Name of Company	Location	Position	From	To	Reason for Leaving

***Please provide your combined total income. (Including all Sources of Income)\$\_\_\_\_\_***

Please explain why you are seeking financial assistance. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please discuss your career goals and objectives. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you participated in any community service activities? Yes\_\_\_\_\_ No\_\_\_\_\_

If yes, please list: \_\_\_\_\_

\_\_\_\_\_

Please provide any additional information you wish to be considered. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

“Death By Chocolate” is ECBW’s fundraiser to provide scholarships, would you be willing to participate in this event should you receive a scholarship from ECBW? \_\_\_\_\_