



Indiana Business and Professional Women's Foundation, Inc.

Dr. Bertha Beazley Memorial Endowed Scholarship

Application Form

The Indiana BPW Foundation *Dr. Bertha Beazley Memorial Endowed Scholarship* is presented to a woman entering her junior or senior year of a four-year undergraduate program in a medical field with direct patient care, including veterinary medicine. Financial need is a criterion. This scholarship is only available to a female who has been an Indiana resident for at least one year prior to the date of the application with preference given to an Indiana resident attending an Indiana college or university. Reapplication is required each year. **Incomplete applications will be declined.** The recipient and alternate will be notified by mail. **Scholarship awards will be paid to the recipient's school.**

Please type or print

PERSONAL DATA

Name _____ Age _____

Address _____

City, State, Zip _____ Phone _____

Marital Status _____ Age(s) of Dependent(s) _____ Length of Indiana residence _____

Social Security Number _____

Occupation _____

Employer's Name & Address _____

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

Spouse's Employer's Name & Address _____

EDUCATIONAL PROGRAM FOR WHICH SCHOLARSHIP IS REQUESTED

Name of School _____

Address _____

City, State, Zip _____

Degree / Certificate pursued or type of specialized training desired _____

Date studies began (month/year) _____ Expected date of completion (month/year) _____

Date of acceptance for school/program _____ Credits required _____ Credits earned _____

Time period (semester/quarter) for which financial assistance is requested _____

Expected year in college: 3rd 4th

Expected Enrollment Status: (check only one)

Full-time At least half-time but less than full time Less than half-time Date funds needed _____

If married, will your spouse attend school/college at least half-time during the current school year? _____

Will any other family members be attending a school of higher learning during the current school year? _____

If so, please include a separate statement identifying their relationship to you, age, name of school/college, program of study, year in school/college, expected expenses for tuition/fees and the amount of your contribution toward those expenses. [Page 1 of 2](#)