

INDIANA BUSINESS AND PROFESSIONAL WOMEN'S FOUNDATION, INC.
LYNN RHOADES MEMORIAL SCHOLARSHIP
Application Form

The Indiana BPW Foundation *Lynn Rhoades Memorial Scholarship* is presented to a woman who is **employed at least 20 hours per week** and **has applied to or is attending a post-secondary institution, majoring in accounting**. Financial need is a criterion. This scholarship is only available to a female **25 years of age or older** and who has been an Indiana resident for at least one year prior to the date of the application. 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 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 and Address: _____

Approximately how many hours per week will you work during the school year? _____

Spouse's Employer's Name and Address: _____

EDUCATION PROGRAM FOR WHICH SCHOLARSHIP IS REQUESTED

Name of School: _____

Address: _____

City, State, Zip: _____

Degree/Certificate pursued or type of specialized training desired:

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

Credits earned: _____

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

Expected year in college: [] 1st [] 2nd [] 3rd [] 4th [] 5th (undergraduate)

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 your, 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.