



Indiana Business and Professional Women's Foundation, Inc.

Women in Transition Scholarship

Application Form

The Indiana BPW Foundation *Women in Transition Scholarship* is presented to a woman who is **re-entering the workforce, changing careers**, or is a **displaced worker** and who **has applied to a post-secondary institution for at least part-time attendance**. Financial need is a criterion. This scholarship is only available to a female who is **30 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 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 _____

EDUCATION 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: [] 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 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](#)