

**FINANCIAL STATEMENT**

1. Adjusted Gross Income from most recent IRS form.	\$ _____ (1)
2. Other income not included in line 1 (veteran's educational benefits, Aid to Families with Dependent Children, child support, etc.)	\$ _____ (2)
3. Total Income (add lines 1-2)	\$ _____ (3)
4. Total annual family living expenses (mortgage/rent, loan payments, credit card payments, child support food, clothing, insurance, childcare, utilities etc.)	\$ _____ (4)
5. <b>Total</b> annual school expenses (tuition \$ _____, books, supplies \$ _____)	\$ _____ (5)
6. Total expenses (add lines 4-5)	\$ _____ (6)
7. Total net income (subtract line 6 from line 3)	\$ _____ (7)
8. Total other resources (investments, additional scholarships and grants)	\$ _____ (8)

**EDUCATIONAL BACKGROUND**

Date of high school graduation or GED certificate \_\_\_\_\_ Name of high school \_\_\_\_\_

Post-secondary school(s)	Location	Dates	Field of Study
_____	_____	_____	_____
_____	_____	_____	_____

**EMPLOYMENT HISTORY**

(Include any paid employment, volunteer or homemaking positions, listing most recent first)

Dates	Job Title	Employer and Address
_____	_____	_____
_____	_____	_____
_____	_____	_____

**CAREER OBJECTIVES**

Please attach a typed or printed statement (not more than 200 words) about your career goals and how your education relates to these goals.

**SPECIAL CIRCUMSTANCES**

Explain any unusual expenses, education and/or other debts or special circumstances, which you feel might be relevant to the review of this application (attach additional sheet if needed.)

**RECOMMENDATION**

Attach three letters of recommendation from individuals who are not blood relatives.

**CERTIFICATION**

*All of the information on this form is true and complete to the best of my knowledge. If asked by an authorized official, I agree to give proof of the information that I have given on this form. I realize that this proof may include a copy of my U.S., state, or local tax returns. I also realize that if I do not provide proof when asked, further consideration of this application may be declined by the Indiana Business and Professional Women's Foundation, Inc. I agree to allow the Foundation to publicize information about my scholarship award, including my photo, for publicity purposes. I also agree to briefly address BPW/Indiana members at the state convention or fall conference, if requested.*

\_\_\_\_\_  
Signature \_\_\_\_\_ Date

Send this completed application, your three recommendation letters, and a copy of your college transcript (if applicable) to: Indiana BPW Foundation, Inc., P.O. Box 33, Knightstown, IN 46148-0033  
**Must be postmarked not later than February 15<sup>th</sup>**

