

FINANCIAL STATEMENT

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| 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, utilities, etc.) | 4)\$ _____ |
| 5. Total annual school expenses (tuition \$ _____, books \$ _____, supplies) | 5)\$ _____ |
| 6. Total expenses (add lines 4-5) | 6)\$ _____ |
| 7. Total other resources (investments, scholarships, grants, etc.) | 7)\$ _____ |
| 8. Total net income (subtract line 6 from line 3) | 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 official college transcript (if applicable)
to: Indiana BPW Foundation, Inc., P.O. Box 33, Knightstown, IN 46148
Must be postmarked not later than February 15th

