AMERICAN BUSINESS WOMEN'S ASSOCIATION

SCHOLARSHIP APPLICATION

The following application is for the Montala Chapter of the American Business Women's Association. Applicants who meet the attached eligibility requirements are encouraged to apply.

If you have questions, contact Rosemarie McNees by phone 334 277-0985, or by e-mail: rmcnees@bellsouth.net.

Upon completion, please return to: Rosemarie McNees
449 Derby Lane
Montgomery, Al 36109

Section A:

1. Name: _____
Last First Middle Initial

2. Permanent Address: _____
Address County City/State/Zip

3. Telephone number: _____
Day phone Evening phone

4. Social Security number: _____/_____/_____

5. Date of birth: _____/_____/_____

6. Are you a U.S. citizen? ☐ yes ☐ no

7. Marital status _____

8. Spouse's name and occupation: _____

9. Do you have legal dependents that get more than half of their support from you?

☐ yes ☐ no

Section B:

10. What educational institution are you currently attending?

_____
Name

_____
Address County City/State/Zip

AMERICAN BUSINESS WOMEN'S ASSOCIATION

SCHOLARSHIP APPLICATION

11. What educational institution do you plan to attend?

_____

Name

_____

Address County City/State/Zip

12. What will be your enrollment status? ☐ Full-time ☐ Part-time

13. What will be your degree/certificate upon graduation? _____

Course of study? _____

14. When do you expect to complete your degree/certificate? _____/_____/_____

15. What will be your year in school? ☐ Freshman ☐ Sophomore ☐ Junior ☐ Senior ☐ Graduate Student ☐ Other

Section C:

Actual Expenses	
☐ Per Quarter ☐ Per Semester	
Tuition & Fees	$ _____
Books	$_____
Living Expenses	$_____
Other (specify)	$_____
Total	$_____

I attest that all information is complete and accurate.

Applicant's signature Date

Chapter use only.	This application has been reviewed for the chapter eligibility requirements by: _____

NOTE: THIS APPLICATION IS NOT COMPLETE WITHOUT A LETTER!