

ABWA

QUINCY CHARTER CHAPTER SCHOLARSHIP PROGRAM

ELIGIBILITY REQUIREMENTS

1. Two character reference letters. Unsigned letters are unacceptable.
2. Transcript of courses completed with raised seal of authenticity.
3. A biographical statement, including educational background and other pertinent information about applicant by the applicant. **Unsigned statements will not be accepted.**
4. Applicant must be in good academic standing...at least a 2.5 GPA or better.
5. Applicant may not be a member of the Quincy Charter Chapter or a member's dependent.
6. Applicant must be a citizen of the United State of America.
7. ABWA two-page scholarship application.

GUIDELINES

1. \$5,000 awarded to an individual who plans to attend Lindenwood University (*first time*).
2. Scholarship is to be used for tuition ONLY.
3. Applicant must win the scholarship before applying to attend Lindenwood University and will be officially evaluated by Lindenwood University for acceptance. *NOTE: If you have already applied to Lindenwood University, you are not eligible for this scholarship.*
4. Recipient will receive \$5,000 off their tuition cost for the first year.
5. Application deadline is January 30, 2015. One recipient will be selected in February and the scholarship will be awarded in May.
6. *NOTE:* The recipient can be a transfer college student but must be attending Lindenwood University for the first time for an undergraduate program at Lindenwood University.

Please return completed application by January 30, 2015.

**ABWA Professional Development
P.O. Box 1114
Quincy, IL 62305-1114**



Scholarship Application

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

If you have questions, contact: Janice Schuckman 217-277-0326
Day Phone
217-257-6083
Evening Phone

Upon completion, please return to: ABWA Professional Development
PO Box 1114
Quincy, IL. 62305-1114

Section A:

1. Name _____
Last First Middle Initial
2. Permanent Address _____
Address County City/State/Zip
3. Telephone Number _____
Day Phone Evening Phone
4. Date of Birth _____
5. Are you a U.S. Citizen? Yes No
6. Marital Status _____
7. Spouse's Name & Occupation _____
8. Do you have legal dependents who get more than half their support from you? Yes No

Section B:

9. What educational institution are you currently attending?

Name

Address County City/State/Zip



Scholarship Application

10. Have you ever attended Lindenwood University? No Yes
11. What will be your enrollment status? Full Time Part Time
12. What will be your degree/certificate? _____
Course of study? _____
13. When do you expect to complete your degree/certificate? _____
14. What will be your year in school? Freshman Sophomore Junior
Senior

Section C:

Actual Expenses	
Per Quarter <input type="checkbox"/>	Per Semester <input type="checkbox"/>
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:

