



2019 Lakes Area Professional Women Member Career Advancement Scholarship

Lakes Area Professional Women is awarding a \$1,000.00 scholarship to a member of our organization that is continuing her education. The scholarship will be awarded in two \$500 increments – half for the first semester and half for the second semester.

The following criteria apply:

- Minimum of one-year membership in LAPW at time of application
- Scholarships are awarded for associate's, bachelor's, or master's degree tuition and new certifications only. Scholarships cannot be used for renewing fees or continuing education for current certifications.
- Member may only receive the scholarship one time.
- Involvement in LAPW and/or other community projects
- Application completed and received by deadline date

Application deadline is April 24, 2019.

Applications are to be completed and returned via email. Required essay shall be prepared as a Word document.

Recipient will be announced at the May 2019 LAPW meeting.

First half of the scholarship will be awarded upon receipt of class schedule for Fall Semester. Second half will be awarded upon receipt of class schedule for Spring Semester. Checks will be sent to the institution. Recipient will share back with the LAPW Membership how this degree has help advanced them.

Completed applications shall be returned to: mo_klimek@hotmail.com.



2019 Member Career Advancement Scholarship

Application Form

Application Deadline: April 24, 2019

Profile

Name:		
Last	First	MI
Permanent address:		
City:	State:	Zip:
Work phone: () -	Home Phone: () -	
Email:		
How long have you been a LAPW Member (including years with AABPW)?:		
Describe your involvement with LAPW: _____		

Educational program for which scholarship is requested:

Are you currently enrolled in school? Yes No

If not enrolled, are you currently accepted into school for the fall semester or a start date no later than September 2019?

- Yes (enclose acceptance letter.)
 No (Acceptance letter must be sent to LAPW prior to funds issued)

Note: Proof of attending school required prior to funds being issued (class schedule).

I will be attending school:

- Full-time
 Part-time
 Other. Explain: _____

What is the purpose of this education? (Check one only)

- Career advancement (seeking progression within your current field of work)
 Enter or re-enter job market (have been absent from or never in the job market)
 New career field (returning to school to change your career)

Type of degree or certificate program (Check one only.)

- Associate's degree
 Bachelor's degree
 Master's degree or higher
 Certificate program

Field of study/major/certificate: _____

Starting date of classes: _____

Institution

Type of institution :

- An accredited/licensed college or university
 Other Explain: _____

Institution name (do not abbreviate): _____

Address: _____

City: _____ State: _____ Zip: _____

Educational Record

Institution	Location (City & State)	Dates (mm/yy) From To	Major Field of Study	Degree/ Certification Earned and Year Awarded

Paid Employment, Homemaking, Volunteer/Community Experience

Will you work during the school year? <input type="checkbox"/> Yes, Full-time <input type="checkbox"/> Yes, part-time <input type="checkbox"/> No

List your paid and unpaid work, homemaking, and volunteer/community experience. If additional space is needed, please add an attachment to the application.

Date (mm/yy) From To	Employer/ Organization	Job Title and/or Responsibilities	Work Status
			<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time
			<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time
			<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time
			<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time

Career Objective Essay

<p>Discuss your specific, short-term goals and how this proposed training and award will help you accomplish these goals and make a difference in your professional career.</p> <p>Attach a one page typed essay. Be sure to include ONLY your Applicant Number on your essay (your name and signature must be excluded from the essay).</p>

Required Certification

This certification must be signed and dated by applicant to be considered for a scholarship.

I hereby certify that the information provided in this application packet is accurate and complete to the best of my knowledge.

I understand that all applications will be held confidential and that no application material will be returned.

I understand that LAPW will notify the scholarship recipient by phone. If I am not a scholarship recipient, I understand that I will be notified only if I provide a valid email address.

Signature: _____

Date: _____

Email: _____

Release of Information

If selected to receive an LAPW Career Advancement Scholarship, I give LAPW permission to release my name for promotional purposes. [Please note: LAPW does not require scholarship recipients to give permission to release information that could put themselves or their families at risk. If releasing your information will endanger you or your family, please do not sign below.]

Signature: _____

Date: _____