



2019 Lakes Area Professional Women Member Student Scholarship

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

The following criteria apply:

- Member must have been a member for a minimum of one year in LAPW at time of application.
- Member must be the parent, legal guardian, step-parent or grandparent of student (any gender) making application.
- Student may only receive the scholarship one time.
- Education leads to a diploma or degree.
- 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 meeting.

First half of the scholarship will be awarded in September 2019 after proof of attending school is received. Second half will be awarded after proof of attendance for the second semester. Checks will be sent to the institution.

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



**2019 Member Student Scholarship
Application Form
Receipt Deadline: April 24, 2019**

Profile

<u>Student</u>		
Name:		
_____ Last	_____ First	_____ MI
Permanent Address:		
_____ City:	_____ State:	_____ Zip:
Email:		
Home Phone () - Cell Phone () -		
Relationship to LAPW Member:		
<u>LAPW Member</u>		
Name:		
_____ Last	_____ First	_____ MI
Permanent Address:		
_____ City:	_____ State:	_____ Zip:
Work Phone () - Home phone () -		
Email:		
Fax:		
How long have you been a LAPW Member (including AABPW Years)?		
(Minimum 1 year membership)		

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.

I will be attending school:

Full-time

Part-time

List number of credit hours:

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

Diploma

Associate's degree

Bachelor's degree

Master's degree or higher

Field of study/major:

Starting date of classes:

Institution

Type of institution (must be an accredited college or university in the US):

Vocational/technical college

Community/2-year college

4-year or greater public/private college/university

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 and/or Volunteer/community Experience

Will you work during the school year? Yes, Full-time Yes, part-time No

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

Date (mm/yy) From To	Employer	Job Title & 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

Describe Activities, Honors, Awards and/or Scholarships awarded

Application Essay

What are your personal and professional goals for the next 3-5 years?

Attach a minimum 500-word essay. Be sure to include **ONLY** your Applicant Number on your essay (your name and signature must be excluded from the essay).

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 Member Student 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: _____