

**PONY EXPRESS CHAPTER
ABWA**

JANUARY 2007

DEAR APPLICANT,

**ATTACHED IS AN APPLICATION FOR THE PONY EXPRESS CHAPTER
AMERICAN BUSINESS WOMEN'S ASSOCIATION SCHOLARSHIP.
THE BASIC QUALIFICATIONS ARE AS FOLLOWS:**

- 1. THE CANDIDATE MUST BE A PERSON SEEKING A BUSINESS OR PROFESSIONAL CAREER.**
- 2. THE CANDIDATE MUST BE A HIGH SCHOOL SENIOR OR CURRENTLY ATTENDING COLLEGE.**
- 3. THE CANDIDATE MUST BE IN GOOD SCHOLASTIC STANDING, HAVING A GRADE POINT AVERAGE OF 2.5 ON A SCALE OF 4.0. A TRANSCRIPT MUST BE SENT WITH THE APPLICATION.**
- 4. RECIPIENTS WILL NOT BE ELIGIBLE TO RECEIVE THE PONY EXPRESS CHAPTER SCHOLARSHIP MORE THAN TWICE. IT MUST BE APPLIED FOR EACH TIME.**
- 5. BOTH SIDES OF THE APPLICATION MUST BE COMPLETED.**
- 6. A COVER LETTER WRITTEN BY THE APPLICANT MUST BE SENT WITH THE APPLICATION EXPRESSING WHY THE APPLICANT DESIRES THE SCHOLARSHIP. INCLUDE ANY COMMUNITY SERVICE IN YOUR COVER LETTER.**
- 7. TWO REFERENCE LETTERS MUST BE INCLUDED.**
- 8. THE COMPLETED APPLICATIONS MUST BE RETURNED TO THE ADDRESS ON THE APPLICATION BY MAY 1, 2007.**

OUR CHAPTER WILL AWARD THREE SCHOLARSHIPS IN THE AMOUNT OF \$1,000.00 EACH. THIS IS TO BE USED FOR BOOKS, TUITION AND FEES.

THE EDUCATION COMMITTEE WILL REVIEW ALL APPLICATIONS THAT ARE COMPLETE (ALL ABOVE LISTED INFORMATION MUST BE INCLUDED). ALL INCOMPLETE APPLICATIONS WILL BE INELIGIBLE.

THANK YOU FOR YOUR INTEREST IN APPLYING, ALL COMPLETE APPLICATIONS WILL BE CONSIDERED TO RECEIVE OUR CHAPTER'S ASSISTANCE. WE WILL NOTIFY EACH APPLICANT BEFORE JUNE 15, 2007.

Scholarship Application

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

If you have questions, contact Mary Brown 816-279-6406 816-233-4627
Day phone Evening phone

Upon completion, please return to: Mary Brown
4409 Douglas St.
St. Joseph, MO 64506

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 who get more than half their support from you?
 Yes No

Section B:

10. What educational institution are you currently attending?

Name _____
Address _____ County _____ City/State/ZIP _____

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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? _____

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	
<input type="checkbox"/> Per quarter	<input type="checkbox"/> Per semester
Tuition, fees	\$ _____
Books	\$ _____
Living expenses	\$ _____
Other (specify)	\$ _____
Total	\$ _____

I attest that all information is complete and accurate.

Applicants' signature _____

Date _____

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

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