

# Whatcom Women in Business Scholarship Application

#### **ABOUT WWiB & OUR MISSION**

Whatcom Women in Business was established in 1978, and is one of the oldest and most encompassing network/referral sources for business women. It is the mission of WWIB to promote a positive image of professional women in business while developing leadership skills, strength through mutual support, mentoring and opportunities for business and personal growth.

WWiB provides regular opportunities for members and guests to mentor for personal and professional growth. WWiB is comprised of business owners and upper level managers. The membership is interested in developing and maintaining proactive roles within the association and the community at large. Through teaching, learning, leadership and peer support we strive to exemplify and promote the four areas we honor—leadership, professionalism, community and mentoring.

#### **INSTRUCTIONS**

- 1. Application must be filled out completely for consideration.
- 2. Type or write clearly.
- 3. Enclose a copy of most recent quarter/semester unofficial transcripts or written documentation of acceptance to a post-secondary Education institution.
- 4. Attach cover letter. (See Goals and Objectives Section.)
- 5. Attach two recent letters of reference.
- 6. Send completed application with enclosures to
  - Whatcom Women in Business, Scholarship Committee
  - PO Box 1773
  - Bellingham, Washington 98227
- 7. Application must be postmarked or submitted no later than March 31st.
- 8. Scholarship finalists need to be available to participate in mandatory in-person interviews on Saturday, May 13th.

Important Please Note: Selected scholarship recipients will be required to volunteer up to 20 hours of volunteer hours, 10 of which will be with Whatcom Women in Business and the other 10 with a non-profit represented by a Whatcom Women in Business member. The volunteer hours need to be completed by September 1st for eligibility to receive the scholarship.

All personal and financial information provided in this application will be held strictly confidential and be used solely to determine scholarship eligibility.

## SCHOLARSHIP APPLICATION

| Name                            |                      |                   |                  |
|---------------------------------|----------------------|-------------------|------------------|
| Address                         |                      |                   |                  |
| City                            | State Z              | IP                |                  |
| Home Phone Number               |                      |                   |                  |
| Cell Phone Number               |                      |                   |                  |
| Email Address                   |                      |                   |                  |
| Course Study                    |                      |                   |                  |
| Degree Sought                   |                      |                   |                  |
| Expected Date of Completion     | 1                    | When did/do you   | ı start?         |
| EDUCATION                       |                      |                   |                  |
| Are you currently enrolled in   | school?Yes           | No                |                  |
| If Yes, where?                  |                      |                   |                  |
| Major/Type of training          |                      |                   | GPA              |
| Attach a copy of your most re   | ecent unofficial tra | anscripts.        |                  |
| EDUCATIONAL INS                 | TITUTION             | IN WHICH ENROLI   | LMENT IS DESIRED |
| Institution                     |                      |                   |                  |
| Address                         |                      |                   |                  |
| Course Study                    |                      |                   |                  |
| Degree Sought                   |                      |                   |                  |
|                                 |                      |                   |                  |
| Are you currently enrolled/be   |                      | ·                 |                  |
|                                 | 1                    |                   |                  |
| HIGH SCHOOL EDU                 | J <b>CATION</b>      |                   |                  |
| Name of last high school atte   | nded                 |                   |                  |
| Address                         |                      |                   |                  |
| Highest grade completed         |                      |                   |                  |
| riigilest grade completed       | 0171                 | Graduation date   |                  |
|                                 |                      |                   |                  |
| COLLEGE, BUSINES                | •                    | ER TRAINING COUL  | RSES ATTENDED    |
| (Attach additional sheets if ne | • /                  |                   |                  |
| Name and Location               |                      |                   |                  |
| Dates attended: From            | to                   | Did you graduate? | GPA              |
| Type of Degree                  |                      |                   |                  |
| Credit Hours earned quarter/    | semester             |                   |                  |
| Name and Location               |                      |                   |                  |
| Dates attended: From            |                      |                   |                  |
| Type of Degree                  |                      |                   |                  |
| Credit Hours earned quarter/    |                      |                   |                  |

### **COMMUNITY INVOLVEMENT**

| What contribution have you made to your community? (Ve        | olunteering, memberships, offices held, etc.)       |                              |
|---------------------------------------------------------------|-----------------------------------------------------|------------------------------|
| Attach additional sheets if necessary. Please include the org | ganization name, position held and dates of service | e in all examples.           |
|                                                               |                                                     |                              |
|                                                               |                                                     |                              |
|                                                               |                                                     | _                            |
|                                                               |                                                     | _                            |
|                                                               |                                                     |                              |
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|                                                               |                                                     |                              |
|                                                               |                                                     |                              |
|                                                               |                                                     |                              |
| EMPLOYMENT HISTORY                                            |                                                     |                              |
|                                                               | .11 1 6                                             |                              |
| Are you presently employed?YesNoMo                            |                                                     |                              |
| List below present and past employment, beginning with y      | our most recent/current employment. Attach add      | itional sheets if necessary. |
|                                                               |                                                     |                              |
| 1. Position/Job Title                                         |                                                     |                              |
| Company Name                                                  |                                                     | _                            |
| Address                                                       |                                                     | _                            |
| Job Duties                                                    |                                                     | _                            |
|                                                               |                                                     |                              |
| Reason for Leaving                                            |                                                     | _                            |
| Supervisor's Name                                             | Phone                                               | _                            |
| May we contact this employer?YesNo                            |                                                     |                              |
| , ,                                                           |                                                     |                              |
| 2. Position/Job Title                                         |                                                     |                              |
|                                                               |                                                     |                              |
| Company Name                                                  |                                                     | _                            |
| Address                                                       |                                                     | _                            |
| Job Duties                                                    |                                                     | _                            |
|                                                               |                                                     | _                            |
| Reason for Leaving                                            |                                                     |                              |
| Supervisor's Name                                             | Phone                                               | -                            |
| May we contact this employer?YesNo                            |                                                     |                              |
| 3. Position/Job Title                                         |                                                     |                              |
| Company Name                                                  |                                                     |                              |
|                                                               |                                                     | _                            |
| Address                                                       |                                                     | _                            |
| Job Duties                                                    |                                                     | _                            |

| Reason for Leaving                                                                                                                                                                   |                                       |                                  |                    |             |                       |                                |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|----------------------------------|--------------------|-------------|-----------------------|--------------------------------|--|
| Supervisor's Name                                                                                                                                                                    |                                       |                                  |                    |             |                       |                                |  |
| May we contact this employer?YesNo                                                                                                                                                   |                                       |                                  |                    |             |                       |                                |  |
| FINANCIAL                                                                                                                                                                            |                                       |                                  |                    |             |                       |                                |  |
| What is the source of your personal monthly income?                                                                                                                                  | E                                     | Employed Unemployment TANF SSI/S |                    | SSI/SSD     | Self Employment Other |                                |  |
| What is your total personal monthly income?                                                                                                                                          |                                       | \$                               |                    |             |                       | (please circle all that apply) |  |
| Marital Status:                                                                                                                                                                      | Single                                | Married                          | d Separated        | Divorced    | (please c             | ircle one)                     |  |
| If married, what is your total household income?                                                                                                                                     | \$                                    |                                  | _                  |             |                       |                                |  |
| Are you currently in foster placement?                                                                                                                                               | Yes                                   | No                               |                    |             | (please o             | ircle one)                     |  |
| Do you live with a parent or guardian?                                                                                                                                               | Yes                                   | No                               |                    |             | (please c             | ircle one)                     |  |
| If Yes, what is the total household income?  (Note: does not apply to foster placement)                                                                                              | · · · · · · · · · · · · · · · · · · · |                                  |                    |             |                       |                                |  |
| Please understand that Whatcom Women in Business reserves to                                                                                                                         | he right to                           | request a c                      | opy of your income | tax stateme | nt filed with         | the IRS.                       |  |
| Do you have minor dependents?                                                                                                                                                        | Yes                                   | No                               |                    |             | (please c             | ircle one)                     |  |
| If yes, please list their ages:                                                                                                                                                      |                                       |                                  |                    |             |                       |                                |  |
| Please submit a <b>cover letter</b> with this application outling the next two to five years. Describe in detail why you an additional information that will help us make a decision | are intere                            | sted and                         | deserving of thi   | s scholarsh |                       | vide any                       |  |
| REFERENCES                                                                                                                                                                           |                                       |                                  |                    |             |                       |                                |  |
| In addition, please attach two letters of recommendation                                                                                                                             | on, either                            | r personal                       | l or professional  | l. However  | , at least            |                                |  |
| one should be from an individual not related to you.                                                                                                                                 |                                       |                                  | _                  |             |                       |                                |  |
| 1. Name                                                                                                                                                                              |                                       |                                  |                    |             |                       |                                |  |
| Occupation/Employment                                                                                                                                                                |                                       |                                  | •                  |             |                       |                                |  |
| Address How do you know this person?                                                                                                                                                 |                                       |                                  |                    |             |                       |                                |  |
| 2. Name                                                                                                                                                                              |                                       |                                  |                    |             |                       |                                |  |
| Occupation/Employment                                                                                                                                                                |                                       |                                  |                    |             |                       |                                |  |
| Address                                                                                                                                                                              |                                       |                                  | •                  |             |                       |                                |  |
| How do you know this person?                                                                                                                                                         |                                       |                                  |                    |             |                       |                                |  |
| READ BEFORE SIGNING                                                                                                                                                                  |                                       |                                  |                    |             |                       |                                |  |
| All of the foregoing information I have supplied in thi                                                                                                                              | s applica                             | tion and a                       | attachments is a   | full compl  | ete stateme           | ent of the facts and it is     |  |
| understood and agreed that if any falsification be disco                                                                                                                             |                                       |                                  |                    |             | _                     | •                              |  |
| Signature of Applicant                                                                                                                                                               |                                       |                                  | Date               |             |                       |                                |  |