



Whatcom Women in Business

Scholarship Application

(\$5,000.00 for 2020/2021 Academic Year)

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 three areas we honor— leadership, professionalism and mentoring.

INSTRUCTIONS

1. WWiB considers scholarship applications from individuals who identify as women, regardless of the gender assigned at birth.
2. Application must be filled out completely for consideration.
3. Type or write clearly.
4. Attach a copy of most recent quarter/semester unofficial transcripts or written documentation of acceptance to a post-secondary Education institution.
5. Attach cover letter. (See Goals and Objectives Section.)
6. Attach two recent letters of reference.
7. Send completed application with attachments to:

Scholarship@wwib.org

OR

Whatcom Women in Business, Scholarship Committee
PO Box 1773
Bellingham, Washington 98227

8. Application must be postmarked or submitted no later than **March 31st, 2020**.
9. Scholarship finalists need to be available to participate in **mandatory in-person interviews** on Saturday, **April 25th, 2020**.

Important Please Note: Selected scholarship recipients will be required to volunteer a minimum of 10 volunteer hours with Whatcom Women in Business, or another eligible non-profit as approved by the Scholarship Chair. The volunteer hours need to be completed, and documentation submitted to the Scholarship Chair, by November 30th 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 _____ ZIP _____

Home Phone Number _____

Cell Phone Number _____

Email Address _____

Course Study _____

Degree Sought _____

Expected Date of Completion _____ When did/do you start? _____

EDUCATION

Are you currently enrolled in school? ____ Yes ____ No

If Yes, where? _____

Major/Type of training _____ GPA _____

Attach a copy of your most recent unofficial transcripts.

EDUCATIONAL INSTITUTION IN WHICH ENROLLMENT IS DESIRED

Institution _____

Address _____

Course Study _____

Degree Sought _____

Expected Date of Completion _____ When did you start? _____

Are you currently enrolled/been accepted? _____

HIGH SCHOOL EDUCATION

Name of last high school attended _____

Address _____

Highest grade completed _____ GPA _____ Graduation date _____

COLLEGE, BUSINESS, OR OTHER TRAINING COURSES ATTENDED

(Attach additional sheets if necessary)

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 _____ to _____ Did you graduate? _____ GPA _____

Type of Degree _____

Credit Hours earned quarter/semester _____

COMMUNITY INVOLVEMENT

What contribution have you made to your community? (Volunteering, memberships, offices held, etc.)

Attach additional sheets if necessary. Please include the organization name, position held and dates of service in all examples.

EMPLOYMENT HISTORY

Are you presently employed? ____ Yes ____ No Monthly Income: \$ _____

List below present and past employment, beginning with your most recent/current employment. Attach additional sheets if necessary.

1. Position/Job Title _____

Company Name _____

Address _____

Job Duties _____

Reason for Leaving _____

Supervisor's Name _____ Phone _____

May we contact this employer? ____ Yes ____ No

2. Position/Job Title _____
Company Name _____
Address _____
Job Duties _____

Reason for Leaving _____
Supervisor's Name _____ Phone _____
May we contact this employer? ____ Yes ____ No

3. Position/Job Title _____
Company Name _____
Address _____
Job Duties _____

Reason for Leaving _____
Supervisor's Name _____ Phone _____
May we contact this employer? ____ Yes ____ No

FINANCIAL

What is the source of your personal monthly income? Employed Unemployment TANF SSI/SSD Self Employment
Other

What is your total personal monthly income? \$ _____ *(please circle all that apply)*

Marital Status: Single Married Separated Divorced *(please circle one)*

If married, what is your total household income? \$ _____

Are you currently in foster placement? Yes No *(please circle one)*

Do you live with a parent or guardian? Yes No *(please circle one)*

If Yes, what is the total annual household income? \$ _____ No. of Dependents: _____

(Note: does not apply to foster placement)

What parental or guardian support will you receive while pursuing your higher education? (lodging, money, etc.) _____

Please understand that Whatcom Women in Business reserves the right to request a copy of your income tax statement filed with the IRS.

Do you have minor dependents? Yes No *(please circle one)*

If yes, please list their ages: _____

GOALS, OBJECTIVES AND FINANCIAL NEED

Please submit a **cover letter** with this application outlining your educational and career goals and objectives for the next two to five years. Describe in detail why you are interested and deserving of this scholarship, including an explanation of your financial need, and provide any additional information that will help us make a decision regarding your scholarship application.

REFERENCES

In addition, please attach two letters of recommendation, either personal or professional. However, at least one should be from an individual not related to you.

1. Name _____
Occupation/Employment _____ Day Phone _____
Address _____
How do you know this person? _____

2. Name _____
Occupation/Employment _____ Day Phone _____
Address _____
How do you know this person? _____

RECIPIENT DISBURSEMENTS

If selected, the scholarship will be paid directly to the school. The scholarship is for the school year and payments will be split in two or three payments based on the semester or quarter system of the school. If tuition for the calendar year is less than the scholarship amount, the payments may be extended to the following school year. Any funds not used within 2 academic years will be forfeited and the remainder of the funds returned to WWIB. No payments will be made directly to the recipient. It is the responsibility of the recipient to send documentation of registration for school and the amount of tuition due to WWIB when they request disbursement. Please send disbursement requests to the WWIB Treasurer at info@wwib.org.

READ BEFORE SIGNING

All of the foregoing information I have supplied in this application and attachments is a full complete statement of the facts and it is understood and agreed that if any falsification be discovered, it will constitute grounds for rescinding scholarship funds. By signing this application, I am accepting the terms and requirements stated in the application.

Signature of Applicant _____ Date _____