American Business Women's Association

Orlando Action Chapter Scholarship Application Guidelines for 2013:

- There is no minimum or maximum grant amount.
- The scholarship is for a one-time issuance only and is not automatically renewable.
- Candidates are allowed only one scholarship award per year from the ABWA organization.
- Checks for approved candidates are issued jointly to the recipient and the educational institution.
- Funds are to be used only for tuition, books and fees.
- Candidates must be sponsored by an educational institution or an ABWA member.
- Scholarship recipients are required to attend at least one ABWA Orlando Action Chapter monthly business meeting.

Candidate Eligibility
Candidates who:

- Are citizens of the United States of America.
- Attend an accredited college, university, vocational or technical school.
- Have achieved a cumulative GPA of at least 2.0 or better.
- Have been a resident of Florida for a minimum of six months.
- Live in the Central Florida area that is specific to the counties in which our members reside (applicant must reside in one of these following counties: Orange, Brevard, Lake, Osceola, Polk, Seminole, and Volusia).

Procedure
Candidate is:

- Provided with an ABWA application and copy of the scholarship guidelines, along with the eligibility requirements.

Candidate Must:

- Complete in full the ABWA scholarship application. The application will be returned if not completed in full as directed.
- Provide an official or non-official transcript of courses completed.
- Provide three current letters of reference.
- Provide a short biographical sketch including educational background, financial need and any other pertinent information.
- Return completed application by deadline of April 1, 2013. Applications received after this time will not be considered.
American Business Women's Association
Orlando Action Chapter Scholarship Application

Instructions for Completing Application

1. Application to be completed by applicant.
2. Please type or print clearly.
3. Attach the following to completed application:
   a. Three (3) character reference letters
   b. Official or non-official transcript of courses completed
   c. Biographical statement, including educational background, financial need and any other relevant information about yourself
   d. Copy of driver's license
4. Send completed application with attachments to:

   ABWA Orlando Action Chapter
   P.O. Box 941043
   Maitland, FL 32794-1043

5. Applications must be received by April 1, 2013
6. For additional information, please call: Connie @ 407-254-7225

Applicant Name_________________________________________ Last 4 numbers of Social Security # _____________

Permanent Address______________________________________ County________________________

Email address______________________________ Phone________________________

Birth date______________ Marital Status________________________ No. of Dependents__________

US Citizen _____ Yes _____ No Florida resident for six (6) months _____ Yes _____ No

Name of current or last employer (if any)________________________________________

Occupation_________________________________________ Annual Income____________________

Funds available for semester in which scholarship is requested: ________________________________

Total Household Income__________________________, and Total number living in Household________

Grants, Scholarships, etc.______________________________________________________________
(please list all sources and amounts)
Educational Institution Applicant Is Now Attending

Institution Name ________________________________  City, State ______________________
Course of Study ________________________________  Cum. GPA ______________________

Academic Classification: (Check One)

   ______ High School Senior
   ______ College Freshman
   ______ College Sophomore
   ______ College Junior
   ______ College Senior
   ______ Graduate Student
   ______ Other (please specify)

Educational Institution in Which Enrollment is Desired

Institution’s Name ________________________________  City, State ______________________
Course of Study ________________________________
Degree Sought ________________________________
Expected Date of Completion _______________________
Amount of Tuition/Fees per Semester $______________
Date Payment Must be Made _______________________
Date Term Begins ________________________________

Have you previously received assistance from an ABWA Chapter? ________ Yes ________ No
If yes, please list date and amount ________________________________

Have you applied, or do you plan to apply, to another ABWA Chapter? ________ Yes ________ No
If yes, please list name of Chapter ________________________________

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