



**Emerald Coast Chapter Scholarship Application -2010**

The following application is for the Emerald Coast Chapter of the American business Women's Association. All applicants who meet the eligibility requirements are encouraged to apply.

Please follow the Application Instructions, see [www.abwa-ecc.org](http://www.abwa-ecc.org) for current application instructions. **Incomplete applications cannot be accepted and will be returned.**

**Late applications will NOT be accepted. Postmark deadline is Monday, March 1, 2010.**

- Eligibility Requirements:**
1. United States citizen
  2. Attending/Will be attending a college, university or vocational technical school within the United States or its possessions.
  3. Grade Point Average of at least 2.7
  4. Home residence in Okaloosa, Santa Rosa or Walton County

Upon completing the application, please return to: **Darlene Dean  
Education Committee Chairperson  
Emerald Coast Chapter, ABWA  
PO Box 731  
Ft. Walton Beach, FL 32549-0731**

**SECTION A:**

1. Name \_\_\_\_\_  
*Last First MI*
2. Permanent Address \_\_\_\_\_  
*Street Address City/State/Zip County*
3. Telephone number (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
*Daytime Evening*

Social Security Number \_\_\_\_/\_\_\_\_/\_\_\_\_

*The Social Security Number is required for award purposes. You may withhold this information until notified you are a recipient. **SSN\*\*MUST\*\* BE PROVIDED WITHIN 3 DAYS OF AWARD NOTIFICATION. FAILURE TO PROVIDE WILL \*\*NULLIFY\*\* AWARD.***

4. Date of birth \_\_\_\_/\_\_\_\_/\_\_\_\_
  5. U.S. Citizen? Yes  No
  6. Marital Status: Single  Married  Divorced  Separated
  7. Do you have legal dependents that get more than half of their support from you? Y N  
If yes, please specify number of dependents and their relationship to you
-



**SECTION B:**

8. What educational institution are you currently attending?

\_\_\_\_\_  
School Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City/State/Zip

\_\_\_\_\_  
County

9. What educational institution do you plan to attend?

\_\_\_\_\_  
School Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City/State/Zip

\_\_\_\_\_  
County

10. What will be your enrollment status? Full-time  Part-time

11. What will be your degree/certificate? \_\_\_\_\_

Course of study? \_\_\_\_\_

12. Expected completion date of degree/certificate? \_\_\_\_\_

13. What will be your year in school?

Freshman  Sophomore  Junior  Senior  Graduate Student  Other

If **Other**, please specify: \_\_\_\_\_

**SECTION C:**

<i>Actual Expenses:</i>	
Quarter <input type="checkbox"/>	Semester <input type="checkbox"/>
<b>Check one</b>	
Tuition, fees	\$ _____
Books	\$ _____
Living expenses	\$ _____
Other (specify)	\$ _____
Total	\$ _____

I attest that all information is complete and accurate.

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date

**Chapter use only**

**This application has been reviewed for the chapter eligibility requirements by:**