SCHOLARSHIP APPLICATION

Professional Women’s Connection – Fond du Lac, WI

**Criteria**

Professional Women’s Connection awards scholarship(s) of $500 and up to female students entering or returning to the job market with the goal of obtaining a management or leadership position. Applicants must have completed their first year of college with the intention of obtaining a degree. Candidates must be a resident of Fond du Lac County attending school at a location of their choice.

**Instructions**

Please complete this application and return via email by March 31, 2021 to Tiffany Heim at: [theim24@gmail.com](mailto:theim24@gmail.com). For more information on Professional Women’s Connection, visit: <https://www.pwcwi.org/>

**Contact Information**

Full Name:

Permanent Address:

Telephone--daytime number: night/weekend number:

E-mail Address:

Date of Birth:

Marital Status:

Number of dependents (if any) and their ages:

**Education and Other Experience**

List the school you are presently attending and also past schools attended. Remember to include **any** training you have received and certificates you have earned that helped you prepare for your career goal.

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| **School or Training Institution** | **Location** | **Dates**  **Attended** | **Major /**  **Name of Training** | **GPA/**  **Credits** | **Degree/Certificate Date (Credits)** |
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List all scholarships, fellowships, grants, or monetary awards received for education and training.

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| --- | --- | --- | --- |
| **Source** | **Amount** | **School** | **Dates** |
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1. List outstanding educational achievements (grade point average, course load, school committee leadership and participation, student government, etc.).
2. List community or extra-curricular activities with dates and level of involvement.
3. Briefly explain your career / management goals.
4. Please add any additional information that might influence your candidacy for the scholarship.

The information submitted is accurate to the date of this document. I will notify Professional Women’s Connection-Fond du Lac Chapter of any changes to the information submitted.

Signature: Date: