

## *Business Women's Association of Halifax County*

PO Box 1404, Halifax, VA 24558 – Telephone: 434-489-6407

Internet: [www.halifaxbusinesswomen.org](http://www.halifaxbusinesswomen.org) - Email: [info@halifaxbusinesswomen.org](mailto:info@halifaxbusinesswomen.org)

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### **2010 Scholarship Application Instructions**

Students interested in applying for a Business Women's Association of Halifax County scholarship should either pick up an application at the Halifax Library, South Boston Library, Halifax High School Guidance Department, or online at the Business Women's Association of Halifax County website. The Scholarship Application form should be completed, printed out, signed and returned via United States Postal Service with the following attachments:

- 1. An autobiographical statement (include goals, college plans, financial need)**
- 2. A transcript of courses completed**
- 3. Three reference letters**
- 4. A recent photograph**

Mail your completed application and attachments by February 15, 2010 to the Business Women's Association of Halifax County Chairperson of the Education Committee at the following address:

**Linda Foster  
5082 Bethel Road  
Scottsburg, VA 24589**

The Business Women's Association of Halifax County Education Committee will screen applications and the top candidates will be notified and scheduled for interviews. Please remember that applications received after February 15, 2010 will not be considered.

If you have any questions regarding your scholarship application or the scholarship application process, please call Ruth Smith at 434-476-6026, Linda Foster at 434-476-6711 (after 6 PM), or email the Business Women's Association of Halifax County ([info@halifaxbusinesswomen.org](mailto:info@halifaxbusinesswomen.org)).

Thank you for your scholarship application.

Sincerely,

*Linda Foster*

Education Chairperson

Business Women's Association of Halifax County

*Business Women's Association of Halifax County*

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**2010 Scholarship Application**

**SECTION A:**

1. Name: \_\_\_\_\_  
Last First Middle Initial
2. Permanent Address: \_\_\_\_\_  
Street Address County City, State, Zip Code
3. Telephone Numbers: \_\_\_\_\_  
Daytime Evening
4. Social Security Number: \_\_\_\_\_
5. Date Of Birth: \_\_\_\_\_  
Month/Day/Year
6. Email Address: \_\_\_\_\_
7. Are you a United States Citizen? \_\_\_\_\_  
Yes or No
8. Marital Status: \_\_\_\_\_  
Married or Single
9. Spouse's Name and Occupation: \_\_\_\_\_
10. Do you have any legal dependents that get more than half of their support from you? \_\_\_\_\_  
Yes or No

**SECTION B:**

11. What current educational institution are you attending?  
\_\_\_\_\_  
Name of School  
\_\_\_\_\_  
Street Address County City, State, Zip Code
12. What educational institutional do you plan to attend?  
\_\_\_\_\_  
Name of School  
\_\_\_\_\_  
Street Address County City, State, Zip Code
13. What will be your year in school?  
Freshman \_\_\_\_\_ Sophomore \_\_\_\_\_ Junior \_\_\_\_\_ Senior \_\_\_\_\_  
Graduate Student \_\_\_\_\_ Other (Specify) \_\_\_\_\_

14. What will be your enrollment status? Please check one: Full-time \_\_\_\_\_ Part-time \_\_\_\_\_

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

Your course of study? \_\_\_\_\_

16. When do you expect to complete your degree/certificate? \_\_\_\_\_

**SECTION C:**

	<u>Actual Expenses</u>	
	<u>Per semester/quarter</u>	<u>Per year</u>
Tuition, Fees:	\$ _____	\$ _____
Books:	\$ _____	\$ _____
Living Expenses:	\$ _____	\$ _____
Other (Specify):	\$ _____	\$ _____
Total:	\$ _____	\$ _____

**Scholarship Application Submission Deadline: February 15, 2010**

Mail to: **Linda Foster**  
**5082 Bethel Road**  
**Scottsburg, VA 24589**

Questions? Call Ruth Smith at 434-476-6026, Linda Foster (434-476-6711 after 6 PM) or send an email to the Business Women’s Association of Halifax County

**By my signature I attest that all information supplied is complete and accurate.**

\_\_\_\_\_ Applicant Signature \_\_\_\_\_ Date

- \_\_\_\_\_ Autobiographical Statement
- \_\_\_\_\_ Transcript of Courses Completed
- \_\_\_\_\_ Three Reference Letters
- \_\_\_\_\_ Recent Photograph
- \_\_\_\_\_ Completed Application

<p>Association Use Only</p> <p>This application has been reviewed for the Business Women’s Association of Halifax County eligibility requirements by:</p> <p>_____</p>
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