February 24, 2017

Subject: 2017-2018 ABWA ONIPA’A CHAPTER SCHOLARSHIP

Dear Financial Aid Advisor,

The Education Committee of the American Business Women’s Association Onipa’a Chapter is asking for your help and support of our annual Scholarship Program.

Please help us publicize the scholarship by posting the attached Scholarship Information flyer. We would also appreciate your making available the enclosed application form to any interested student. If you need more applications, please feel free to make more copies.

Thank you for your assistance in this worthwhile program. If any questions arise, please contact me at work, 259-6051, or email me at Dugan.Julie@jobcorps.org.

Sincerely,

[Signature]

Julie Dugan
Education Committee, Chair
ABWA, Onipa’a Chapter
ABWA
American Business Women’s Association
Onipa’a Chapter
2017-2018

SCHOLARSHIP PROGRAM:

The Onipa’a Chapter of the American Business Women’s Association proudly announces a scholarship program to benefit students. Onipa’a Chapter is sponsoring one (1) scholarship of $1,000.00 for the 2017-2018 school year.

ELIGIBILITY:

1) Must be an U.S. citizen.
2) Must be a resident of Hawaii.
3) Female

QUALIFICATIONS:

1) Must have completed 2 semesters as a full time undergraduate student.
2) Must be presently enrolled at an accredited university, community college or business college in Hawaii. Scholarship is for undergraduate studies to be completed in Hawaii.
3) Must maintain a 3.0 cumulative G.P.A.

DEADLINE:

Application, official college transcript and two letters of reference must be received by May 1, 2017.

SEND TO: Education Committee
c/o Julie Dugan
PO Box 43
Waimanalo, Hawaii 96795

APPLICATIONS AVAILABLE AT: Financial Aid Office
ABWA
American Business Women’s Association
Onipa’a Chapter
2017-2018

1) Complete the following application:
   a) Attach a biographical summary of no more than one page, including educational background, career objective and other pertinent information about you.
   b) Have the Admissions Office send a transcript of courses directly to the Education Committee. DO NOT ATTACH TRANSCRIPT TO YOUR APPLICATION.
   c) Submit two letters of recommendation.

2) Send all correspondence to: Education Committee
c/o Julie Dugan
PO Box 43
Waimanalo, HI 96795

3) DEADLINE: Received by: May 1, 2017

_________________________________________________________________________

1) Applicant’s Name _________________________________________________________

2) Mailing Address __________________________________________________________

3) Telephone Number ___________________________ Student ID No.________________

4) Birth Date _________________________ Marital Status _______________ # of Dependents ______

5) Are you currently a resident of Hawaii? Yes ______ No ______

6) Are you a citizen of the United States of America? Yes ______ No ______

7) Are you currently employed? Yes ______ No ______ Full/Part Time ____________
   If yes, name of employer _________________________________________________
   Job title/duties ___________________________________________________________
8) Current educational institution ____________________________________________

9) Address ________________________________________________________________

10) Major ___________________________ Degree being sought ____________________

11) Cumulative G.P.A. ______________ Expected date of graduation _______________

12) How are you funding your education? List your yearly income from the following sources:

   Wages ___________________________ Loans ________________________________
   Spouse ___________________________ Savings ______________________________
   Parents ___________________________ Other (specify) _______________________
   Scholarships _______________________

13) List your approximate costs per year (2 semesters) for:

   Tuition ___________________________ Books ________________________________
   Living Expenses ___________________ Other (specify) _______________________

14) Have you previously received assistance from an ABWA Chapter? Yes _____ No _____

   If yes, name of chapter and year. __________________________________________

15) Names of persons submitting letters of recommendation:

   Name ___________________________ Relationship ____________________________
   Name ___________________________ Relationship ____________________________

IF SELECTED, RECIPIENTS WILL BE HONORED AT THE ANNUAL SCHOLARSHIP DINNER,
MAY 18, 2017. Attendance is mandatory to win award.

I CERTIFY THAT ALL INFORMATION I HAVE SUBMITTED IS CORRECT TO THE BEST OF MY KNOWLEDGE.

Signature of applicant ___________________________ Date ____________