

NAWIC
National Association of Women In Construction

Piedmont Chapter #109
Attn: Caroline Carpenter
PO Box 10974
Greensboro, NC 27404

INSTRUCTIONS FOR COMPLETING SCHOLARSHIP APPLICATION:

1. Application is to be completed in full by applicant. All information will be kept confidential.
 2. Please type or print clearly.
 3. Attach the following to the completed application and return no later than:

July 1	Fall Semester
Dec 1	Spring Semes
 - a. Three (3) character reference letters preferably from employers, professors, teachers **for example**. Please do not include letters from family members or fellow students. All letters should be originally signed and on letterhead or otherwise provide contact information.
 - b. A current official transcript of courses completed.
 - c. A biographical statement, including educational background, financial need, and other pertinent information about yourself including educational goals and career goals. Please indicate what goals you have set pertinent to the construction industry.
4. Send the completed application and attachments to the address above.

Applicant's Name: _____

Permanent Address: _____

Phone Number: _____ Date of Birth: _____

Are you currently employed? _____ Social Security #: _____

Name of current or last employer: _____

Position: _____ Salary/Wages: _____

Source and Amount of Funds Available For Year In Which Scholarship is Requested:

Parents: _____ Own Income: _____

Scholarships: _____ Spouse Income: _____

Savings: _____ Loans(Requiring Repayment): _____

Other Sources of Income: _____

Indicate Type and if Repayment Required

Pending Possible Sources of Financial Assistance:

Source(s): _____ Amount(s) _____ Requires Repayment: _____
(Yes or No)

Have you received assistance from a NAWIC Chapter? _____ If so, how much? _____

Marital Status: _____ Number of Children Under 18 _____

Identification of Individual(s) Providing Assistance:

Name of Parent, Guardian, Spouse: _____

Relationship: _____ Address: _____

Place of Employment Mother: _____

Name Company Position

Father: _____

Name Company Position

Guardian: _____

Name Company Position

Spouse: _____

Name Company Position

Educational Institution Applicant Is Now Attending:

Name of Institution: _____

City: _____ State: _____

Current Academic Classification (Check One):

College Freshman _____ Senior _____
Sophomore _____ Other _____
Junior _____ Please Explain _____

What course of study are you in? _____ GPA: _____

Degree Sought: _____ Expected Date of Completion: _____

Amount of Tuition/Fees/Books Per Semester/Term: _____

Date Payment Must Be Made: _____ Date Term Begins: _____

Are you planning any Co-Op participation during your college career? _____ If so, please explain fully: _____

Any other comments: _____

YOUR SIGNATURE ON THIS APPLICATION GRANTS PERMISSION FOR THE SCHOLARSHIP COMMITTEE TO VERIFY FINANCIAL NEED, COURSE OF STUDY, CLASS STANDING/GRADES OR TRANSCRIPTS WITH THE FINANCIAL AID OR SCHOLARSHIP OFFICE OF THE SCHOOL YOU ARE ENROLLED IN OR APPLYING TO AT THIS TIME OR DURING THE COURSE OF THE SCHOLARSHIP YEAR.

Date: _____ Signature: _____

Date: _____ Witness: _____