

# 2009-2010 SBMEF Outright Grant Application

All areas must be completed for consideration Chapter/Network Sponsor La Luz Chapter

Name \_\_\_\_\_

Last

First

Middle Initial

ABWA member number (if applicable) \_\_\_\_\_

Daytime Telephone Number (include area code) \_\_\_\_\_

Present Address \_\_\_\_\_

Street

City, State and ZIP

U.S. Citizen?  Yes  No E-Mail Address \_\_\_\_\_

If the address given above is your temporary address while attending school, provide the name and permanent address of someone through whom you can always be contacted:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Street

City, State and ZIP

Amount of SBMEF funding for which you are applying: \$ \_\_\_\_\_ outright grant (\$1,500 maximum)

Have you previously received scholarship assistance from an ABWA chapter/network?  Yes  No

If yes: How many chapter/network scholarships have you received? \_\_\_\_\_ Total amount \$ \_\_\_\_\_

Have you previously received funding through SBMEF?  Yes  No

If yes: How many grants? \_\_\_\_\_ Total amount \$ \_\_\_\_\_

Do you have outstanding education loans (other than SBMEF)?  Yes  No Total amount \$ \_\_\_\_\_

What is your cumulative **unweighted** grade point average (GPA)? \_\_\_\_\_ (on a 4.0 scale -- 2.5 minimum)

At the beginning of the academic term for which funding is sought:

Name and address of school you will be attending

What will your academic classification be?  Junior  Senior  Graduate student

How many hours have you completed? \_\_\_\_\_ Additional hours needed to complete degree? \_\_\_\_\_

You will be attending school:  Part time  Full time

Field of Study \_\_\_\_\_ Career objective \_\_\_\_\_

Degree you will receive \_\_\_\_\_ Expected completion date \_\_\_\_\_

Month/Year

Date term begins \_\_\_\_\_

Expenses (Aug. 1 - July 31):

Tuition and fees - \$ \_\_\_\_\_

Books - \$ \_\_\_\_\_

As required, I have attached:  official transcripts  3 letters of reference  one-page biographical sketch

chapter/Express Network sponsorship form  new member application

I attest that all applicant information is complete and accurate.

Applicant Signature

Date

MRP-015-0708