

**SUBMIT THE FOLLOWING ITEMS BY APRIL 15, 2015**

* + **Completed application form**
	+ **Official transcript** **of scholastic record**
	+ **Personal Statement**

**Return completed application and transcripts to:**

**Carol Ambrose, BPW/NC Foundation Scholarship Chair, 2300 Cloister Drive, Charlotte, NC 28211**

**A.** **COMPLETE THE FOLLOWING INFORMATION**

**SCHOLARSHIP NAME:** *(YOU MAY APPLY FOR ONLY ONE)*

**FOUNDATION**  | **ELSIE G. RIDDICK**  | **RUTH MOSS EASTERLING**  | **JOYCE V. LAWRENCE**

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| **APPLICATION** |
| **TO STUDENT:** Please complete the following information. If more space is needed, please submit additional sheet(s). |
| **Last Name, First Name, Middle Initial** | **Date** |
| **Classification in Fall 2015**[ ]  Freshman | [ ]  Sophomore | [ ]  Junior | [ ]  Senior | [ ]  Graduate Student | **Enrollment Status**[ ]  Full time [ ]  Half time[ ]  Less than half time  |
| **Name of Institution/School** | **Currently Enrolled?** |
| **School Street Address** **City, State, Zip** **School E-mail Address Phone (Area** **Code)**  |
| **Home Street Address** **City, State, Zip** **E-mail Address Phone (Area Code)**  |
| **Cumulative GPA (or High School GPA, if Freshman)** | **Expected Degree**  Other AA/AS BA/BS MA/ MS PhD | **Major Field of Study** | **Expected Date of Graduation** |
|  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |  |  |
| **Current or Last Employer** | **Will You Continue to Work While Enrolled?** |
|  | [ ]  Yes[ ]  No |
| **FINANCIAL DATA** |
| **Total Annual Tuition & Required Fees:**  |
| **Expected Resources for School** |
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|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **From Family (yourself, spouse, parents)** | **From Friends or Relatives** | **From Savings** | **From Other Financial Aid** | **Total expected resources:** |
| $ | $ | $ | $ | **$** |

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