**SUBMIT THE FOLLOWING ITEMS BY APRIL 15, 2017**

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

**Return completed application, transcript, and personal statement 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:  Click here to enter a date. | | |
| Classification in Fall 2017  Sophmore Junior Senior Graduate Student | | | | | | Enrollment Status:  Full-time Half-time Less than half-time | | | | |
| Name and Addressof Institution/School: | | | | | | Currently Enrolled?    Yes  No | | | | |
| Your Mailing Address at School: | | | City, State, Zip      ,      , | | | Your School Email Address | | | Your School Phone (Area Code) | |
| Home Street Address | | | City, State, Zip      ,      , | | | Your Home Email Address | | | Your Home Phone (Area Code) | |
| Cumulative GPA | Expected Degree: | | | | | Major Field of Study: | | | Expected Date of Graduation: | |
|  | Other AA/AS BA/BS MA/MS PhD | | | | |  | | |  | |
| Current or Last Employer: | | | | | | Will You Continue to Work While Enrolled? | | | | |
|  | | | | | | Yes No | | | | |
| **FINANCIAL DATA** | | | | | | | | | | |
| Total Annual Tuition & Required Fees: $ | | | | | | | | | | |
| **Expected Resources for School** | | | | | | | | | | |
| From Family (yourself, spouse, parents) | | From Friends or Relatives | | | From Savings | | From Other Financial Aid | | | Total Expected Resources: |
| $ | | $ | | | $ | | $ | | | $ |

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**APPLICATION INSTRUCTIONS:**

1. Submit three (3) copies of this application and the following attachments:
2. Attachments:
   1. Most recent grade transcript
      1. All applications must include **one** (1) **Official transcript** with school seal
      2. ***Applications without an Official transcript will be disallowed***.
   2. Three (3) copies of the personal statement.
   3. Three (3) copies of your current resume.
   4. Graduate Students: Please attach a copy of your acceptance letter and an official transcript from last school attended.
   5. Returning Students after a lapse in education: Please attach a copy of your acceptance letter and an official transcript from last school attended.
3. **Application Deadline: April 15, 2017.** All application forms and attachments must be sent together and must be postmarked on or before **April 15, 2017.**
4. Incomplete applications will not be considered.
5. All awards will be sent directly to the school for the fall session of 2017.
6. Personal letters of recommendations are not needed and will not be given any weight. Please include no extra information. (3 copies of personal statement, resume’ and one official transcript.)
7. Mail application and attachments to:

Carol Ambrose  
Scholarship Chair  
2300 Cloister Drive  
Charlotte, NC 28211

Questions: Please Call Carol at: 704-362-2066 or email carolambrose65@gmail.com