



SCHOLARSHIP APPLICATION  
DEADLINE: JUNE 30<sup>TH</sup>

## Women's Network of Rapid City, Inc.

P.O. Box 2131, Rapid City, SD 57709-2131

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

TELEPHONE \_\_\_\_\_ WORK \_\_\_\_\_

PURPOSE OF SCHOLARSHIP \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PROPOSED COURSE OF STUDY \_\_\_\_\_

DATES OF CLASS(ES) \_\_\_\_\_

ANTICIPATED COSTS \_\_\_\_\_

HOW WOULD THE SCHOLARSHIP BENEFIT YOU & YOUR LOCAL COMMUNITY?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PLEASE LIST TWO PEOPLE WE MAY CALL FOR PERSONAL REFERENCES (list name and telephone number) AND INCLUDE ONE WRITTEN RECOMMENDATION.

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

PLEASE INCLUDE A CURRENT RESUME TO LIST CURRENT AND PAST EMPLOYMENT, COMMUNITY INVOLVEMENT, WOMAN'S NETWORK INVOLVEMENT, AWARDS, HONORS, OFFICES HELD, PREVIOUS EDUCATION, AND ANY ADDITIONAL INFORMATION YOU WOULD LIKE THE SCHOLARSHIP COMMITTEE TO CONSIDER.

I, the undersigned, agree that the Scholarship Committee of Women's Network of Rapid City, Inc. may use the information I have freely provided herein, in their consideration of my application for a scholarship. I represent that all statements contained in this application are true and correct to the best of my knowledge.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_