



# SCHOLARSHIP APPLICATION

WOMEN'S NETWORK OF RAPID CITY, INC.  
P.O. Box 2131, RAPID CITY, SD 57709-2131

A NON-PROFIT CORPORATION MEETING ON  
THE SECOND WEDNESDAY OF EACH MONTH. MEETING  
LOCATIONS ARE ANNOUNCED IN OUR MONTHLY NEWSLETTER.

**Please Print Clearly**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Purpose of Scholarship: \_\_\_\_\_

\_\_\_\_\_

Proposed Course of Study: \_\_\_\_\_

Dates of Class(es): \_\_\_\_\_

Total Anticipated Costs: \_\_\_\_\_

How would the scholarship benefit you & the local community? \_\_\_\_\_

\_\_\_\_\_

Please list two people we may call for personal references (name and phone number) and include one written recommendation.

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

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

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

Please attach a current resume to list current and past employment, community involvement, Women'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.

\_\_\_\_\_

Signature

\_\_\_\_\_

Date