American Business Women’s Association  
Cape City of Roses  
Scholarship

This scholarship is a one time issuance only and is not automatically renewable. The funds from this scholarship are to be used only for tuition, books, and fees. The scholarship check will be issued jointly to the recipient and to the institution. City of Roses Charter Chapter ABWA members, and/or individuals who are members of their household, are not eligible for this scholarship.

Required Qualifications for Application
- Must be a female citizen of the United States of America.
- Must attend either Southeast Missouri State University or Cape Girardeau Career and Technology Center.
- Must have and maintain a 2.5 GPA while receiving this scholarship.

Procedures for Application
- Must complete, in full, the application.
- Must provide an official transcript of all college level grades.
- Must provide three current letters of reference.
- Must provide a short biographical sketch.

Please return application, letters of reference, and biographical sketch to:

Dee Cannon  
2030 Sherwod  
Cape Girardeau, MO 63701

Scholarship Application Deadline is March 15th.
American Business Women’s Association  
Cape City of Roses  
Scholarship Application

I. Personal Information  
I am applying for a scholarship for Academic Year: ____________

Name: ___________________________ Social Security Number: ____________

Last First MI

Home Address: ___________________________ ___________________________

Street City State Zip

Phone #: ___________________________ Date of Birth: ________ Marital Status: ________

daytime evening mm/dd/yyyy

Spouse’s name and occupation: ___________________________

Do you have legal dependents who get more than half of their support from you? ________________

Are you a U.S. Citizen? ____________ Are you a veteran of the U.S. Armed Forces? ____________

II. Educational Experience
Anticipated Year in School (check one):

☐ Freshmen ☐ Sophomore ☐ Junior ☐ Senior ☐ Graduate Student ☐ Other

College Major: ___________________________ Anticipated Enrollment Status: ________

College Degree: ___________________________ Anticipated Graduation Date: ________

Name of Current Educational Institution Address Years Attended

Name of Anticipated Educational Institution Address Years Attended

III. Income Information and Personal Resources

List the dollar value of all sources of financial assistance available to you for educational expenses per semester:

<table>
<thead>
<tr>
<th>Wages (full/part time)</th>
<th>Parent/Spouse</th>
<th>Scholarships</th>
<th>Loans</th>
<th>Other Sources</th>
</tr>
</thead>
<tbody>
<tr>
<td>______________________</td>
<td>---------------</td>
<td>--------------</td>
<td>-------</td>
<td>---------------</td>
</tr>
<tr>
<td>Total: __________________</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

List all actual educational expenses incurred per semester:

<table>
<thead>
<tr>
<th>Tuition/fees</th>
<th>Textbooks</th>
<th>Living Expenses</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>____________</td>
<td>__________</td>
<td>________________</td>
<td>__________</td>
</tr>
<tr>
<td>Total: __________________</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

IV. Certification

By signing this application, I certify that the information provided is correct. I also give Student Financial Services at Southeast Missouri State University permission to forward my completed application and the results of my Free Application for Federal Student Aid (FAFSA) to the scholarship committee for review.

Student Signature ___________________________ Date ____________

V. References and Biographical Sketch

Attach a brief biographical sketch and three current letters of reference.

Scholarship Application Deadline is March 15th.