



NATIONAL  
ASSOCIATION *of*  
WOMEN MBAS

**SCHOLARSHIP APPLICATION**  
**First Year/New Full Time Student**

First Name: \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name: \_\_\_\_\_

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

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

Phone # \_\_\_\_\_ Email Address: \_\_\_\_\_

Ethnicity: Native American/Alaskan American \_\_\_\_\_ Asian/Pacific Islander \_\_\_\_\_

Black /African American \_\_\_\_\_ Hispanic/Latino \_\_\_\_\_

White Not of Hispanic Origin \_\_\_\_\_ Other \_\_\_\_\_ Prefer Not to Answer \_\_\_\_\_

**Educational Background:**

Please list all graduate or undergraduate institutions in which you are presently enrolled or have enrolled in a course of study. Submit official transcripts of graduate/undergraduate work.

Graduate Institution in which you are enrolled: \_\_\_\_\_

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

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

Expected Graduation Date: \_\_\_\_\_ Concentration: \_\_\_\_\_

Previous Graduate Institution: \_\_\_\_\_

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

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

Dates Attended: From Month/Year \_\_\_\_\_ To: Month/Year \_\_\_\_\_

Certificate/Diploma/Degree Received: \_\_\_\_\_ GPA (Overall): \_\_\_\_\_

Undergraduate Institution: \_\_\_\_\_

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

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

Dates Attended: From Month/Year \_\_\_\_\_ To: Month/Year \_\_\_\_\_

Certificate/Diploma/Degree Received: \_\_\_\_\_ GPA (Overall): \_\_\_\_\_

Undergraduate Institution (if more than one Institution): \_\_\_\_\_

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

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

Dates Attended: From Month/Year \_\_\_\_\_ To: Month/Year \_\_\_\_\_

Certificate/Diploma/Degree Received: \_\_\_\_\_ GPA (Overall): \_\_\_\_\_

Additional degrees: \_\_\_\_\_

**Extracurricular Activities:**

List outstanding achievements in academic and professional areas. Continue on additional paper if necessary.

**Academic Honors:**

---

---

---

---

---

---

---

---

**Professional Accomplishments:**

---

---

---

---

---

---

---

---

**Organizational Memberships (include any leadership positions held):**

---

---

---

---

---

---

---

---

**Community Service:**

---

---

---

---

---

---

---

---

Please initial on the line following each statement that you understand and agree to the statement:

I am a member of the National Association of Women MBAs:

\_\_\_\_\_

I understand that if I am selected as a scholarship recipient I will be responsible for attending all events at the 2009 and 2010 National Conference and Career Fair:

\_\_\_\_\_

I understand that if I am selected as a scholarship recipient I must agree to participate in public relations activities for the National Association of Women MBAs:

\_\_\_\_\_

By submitting this application, I certify to the National Association of Women MBAs (“NAWMBA”) that all information in this application and in my supporting documentation is true, correct, and complete. I give NAWMBA permission to contact and share information with issuing institutions or other appropriate third parties for the purpose of verifying any documentation of information I have provided. I understand and agree that NAWMBA may revoke my scholarship if any information or documentation provided by me is false or incomplete or if NAWMBA learns of any past or present misconduct by me which in NAWMBA’s sole discretion would affect my ability to represent and uphold NAWMBA’s high standards. If I am awarded a scholarship I agree that I will satisfy all obligations required by NAWMBA. I authorize the NAWMBA to publish for public relations purpose my photograph or photographs in which I appear. I have read and understand the scholarship program guidelines.

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