

December 1, 2016

Dear MCABW Members & High School Seniors,

Montgomery County Association of Business Women (MCABW) is proud to offer scholarship opportunities to our MCABW members in the amount of \$500 and Montgomery County graduating female high school seniors in the amount of \$1000.

MCABW members must be an active member in good standing with a desire to grow your business, advance your career and/or change your career path. To be considered active you must participate/attend one MCABW function a month. Ex.: breakfast, luncheon or mixer. For renewal or continuation of Licensures or Certifications, Continuing Education Units will not apply.

Female high school senior applicants must live in Montgomery County and plan to pursue a degree at a college or university in Texas.

Scholarships will be awarded based on academic performance (minimum 3.0 GPA), leadership, community/school involvement, and employment.

Applications must be postmarked no later than March 15, 2017.

Applications received after the postmark date will not be considered.

Please enclose your completed application and two letters of recommendation in a large manila envelope and mail to:

Montgomery County Association of Business Women 13921 Hwy. 105 West, Ste. 130, Conroe, Texas, 77304

If you have any questions, please contact Amy Gregorcyk at Scholarships@MCABW.org

Sincerely,

Amy Gregorcyk MCABW Scholarship Team Leader



Neatly written or printed complete applications are given preference. Incomplete applications are not considered. If you have a disability and need assistance filling out the application, please see your High School Counselor.

Name:	
Address:	
City/State	Zip:
Home Phone	Cell Phone
Email address:	
MCABW Members:	
Are you a current member? Institution you will be attending:	Are you active & in good standing?
What courses will you be studying?	

	g from:
Occupation:	
Parent/Guardian Name:	
Occupation:	
How many other dependent children are in	n your family?
How many brothers or sisters will attend of	
	How many hours per week do you work?
	e
	No Phone
Name and location of college or university	
Have you made application? Yes No	D Have you been accepted? Yes No
Specific name of pursued Degree?	********
To be completed by student's High Schoo	l Counselor:
GPA/Scale(Min. 3.0)	Class Rank/Class Size:
	ACT Composite:
Printed Name:	Phone

Tell Us about You	Name:
Please answer all questions comp	<u>letely</u> with detail on this form. Do not include any attachments.
Neatly written or printed complete applic	cations are given preference. Incomplete applications are not considered.
What degree as a high school stude and why? What are your long te	lent (or additional studies as an MCABW member) are you pursuing rm future career goals?
Have you worked or interned in th	ne field in which you are going to study? Where and how long?
	dership positions held without pay during the past 4 years:
Who and/or what has influenced y	ou to pursue your career choice?
Please state your needs for a scho	larship and what value it would be to you:
If annicable name & relationship of	MCABW member that referred you:
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Please <u>include two letters of recommendation</u> from non-family members such as teachers, pastor, neighbors, or employers.