



## Louisville Chapter Scholarship Application

**Student must be currently enrolled or preparing to enroll  
In Business and/or Office Administration at a  
Kentuckiana accredited college or business school.**

**Deadline for Submission:  
Postmarked by March 31, 2007**

*(Please type or print clearly)*

### **General/Personal Information**

Full Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Telephone Number \_\_\_\_\_

If you are currently living with and/or are a dependent of someone else, please complete the following:

Parents/Guardian \_\_\_\_\_

Mailing Address \_\_\_\_\_  
\_\_\_\_\_

Are there any educational records listed in another name? \_\_\_\_\_ Yes \_\_\_\_\_ No

### **Employment**

If you are currently employed, please complete the following:

Business Name \_\_\_\_\_

Supervisor \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Telephone Number \_\_\_\_\_ Amount of time employed \_\_\_\_\_

**Educational Information**

Have you ever received a monetary award from IAAP? \_\_\_\_\_ Yes \_\_\_\_\_ No

If so, when? \_\_\_\_\_ (Year) Name of award received \_\_\_\_\_

Name of High School \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Telephone Number \_\_\_\_\_

Date of graduation \_\_\_\_\_ GPA \_\_\_\_\_

Name of college or university in which you plan to attend or are currently enrolled  
\_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Telephone Number \_\_\_\_\_

Course / Program Name \_\_\_\_\_

\_\_\_\_\_ Full-time student \_\_\_\_\_ Part-time student \_\_\_\_\_ GPA

**Financial Information**

Please list the names and amounts of all financial aid, including scholarships, loans, grants, and work study you are currently receiving:

- 1. \_\_\_\_\_ \$ \_\_\_\_\_
- 2. \_\_\_\_\_ \$ \_\_\_\_\_
- 3. \_\_\_\_\_ \$ \_\_\_\_\_
- 4. \_\_\_\_\_ \$ \_\_\_\_\_
- 5. \_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ I am not currently receiving any financial aid.

Cost of attendance \$ \_\_\_\_\_ Total or Per Semester (circle one)



Please provide any other information that you feel important in our consideration of you for this award:

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If you are a high school or college applicant, a copy of your current transcript record is required. In addition, you must attach two letters of recommendation - one from a teacher and the other from someone not related to you such as a minister or a boss.

By signing this form you acknowledge that the information provided herein is accurate and true. Any information that is found to be untrue will be cause for disqualification.

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Applicant Signature

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Date

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For Scholarship Committee Use Only

Interviewed: \_\_\_\_\_ Yes \_\_\_\_\_ No

Approved for Award: \_\_\_\_\_ Yes \_\_\_\_\_ No

Comments:

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**Return application to:** Sabrina Haug CPS/CAP  
IAAP Louisville Chapter Scholarship Committee  
P O Box 36487  
Louisville, KY 40232  
**Or by email** [haugpcscap@insightbb.com](mailto:haugpcscap@insightbb.com)