



### Jean Walsh Scholarship Awards Application

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

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

WBN Chapter: \_\_\_\_\_ Years as a WBN Member: \_\_\_\_\_

Your business name and short description of your business: \_\_\_\_\_

\_\_\_\_\_

The major goal of your business: \_\_\_\_\_

\_\_\_\_\_

List the title of the continuing education program, location, and the program and materials and/or book costs.

(do not include travel, meals, or other miscellaneous expenses): \_\_\_\_\_

\_\_\_\_\_

Please complete each statement below in 100 words or less on a separate sheet, without using your name or the name of your business, as identifying information will be removed prior to sending to the Selection Committee.

- I will use the scholarship money for?
- The continuing education will benefit me and my business in the following areas?
- WBN will benefit in the following ways?
- This process will increase my networking ability in the following ways?
- In 250 words or less, please relate any additional pertinent information

A letter verifying your membership status must be sent by the WBN Chapter Secretary to the Awards Committee Chairperson by November 1<sup>st</sup>. It is your responsibility to request that this information is forwarded.

Submit the completed application to Peggy Bianchi via email: [peggy6853@gmail.com](mailto:peggy6853@gmail.com) or via fax to 724-387-1009

***Deadline for the application is October 25<sup>th</sup>***  
***The Scholarship winner will be announced at the Holiday Breakfast.***