

INDIANA HAIR DESIGNERS SCHOLARSHIP

Administered by
Indiana Business and Professional Women's Club

Name _____

Address _____

City _____ State _____ Zip _____

Phone Number _____ Email address _____

Attending Cambria Rowe _____

Attending IUP College of Business _____

Attending Westmoreland Community College _____

Major: _____

Number of Business Credits completed _____ GPA _____

Employer _____

Employer's Address _____

Organizations you belong to: _____

Community Activities _____

Personal Information you wish to Include _____

Other Sources of college funding _____

Financial Need _____

Career Choice: _____

Please include a statement about your education and career goals, circumstances of financial need, plus any other information you would like the Scholarship Committee to consider in reviewing your application (include extra pages if necessary):

Signature _____ Date _____

Indiana Hair Designers and Indiana Business and Professional Women's Club of Indiana thank you for your interest and participation in the 2010 Scholarship Awards.