January 25, 2016

Dear Scholarship Applicant:

The **Coulee Region Professional Women of La Crosse** would like to announce that applications are now being accepted for scholarships for the 2015-2016 school year.

The primary objective of the Coulee Region Professional Women (CRPW) is to promote the professional, educational, cultural and social advancement of women. Our group of local professional women sponsor fundraisers throughout the year. It is through these volunteer fundraising efforts that we are able to award scholarships of $500.00 each to six area women this year.

These awards are based on financial need, academic achievements and community involvement. Most significant in choosing recipients for this scholarship is what you share with us in your biographical essay, so we encourage you to tell us as much as possible about your accomplishments, goals and aspirations there. Application information enclosed in this packet must be returned to:

Liz Lynch  
9500 Mound Prairie Drive  
Houston, MN 55943 (preferred option), or by E-mail to: lizpasse@gmail.com,  
no later than **Friday, March 11, 2016**, in order to be considered.

Finalists will be chosen during the last week of March. You will receive results notifications around that time. The awards will be presented at the Tuesday, April 26th dinner meeting of the Coulee Region Professional Women.

Should you have any questions, feel free to contact me at lizpasse@gmail.com or 608-738-2940.

Kind regards,

Liz

Liz Lynch – Scholarship Committee Chair  
Coulee Region Professional Women
SCHOLARSHIP APPLICATION INSTRUCTIONS
January 2016

The Coulee Region Professional Women’s Scholarships are available to women who are high school seniors or students in higher education (including non-traditional students).

INSTRUCTIONS:
1. Past scholarship recipients may apply again and will be eligible to receive the scholarship up to two times.

2. Completed application and ALL supplemental materials must be postmarked or E-mailed by March 11, 2016.

3. Applicant does not have to be going into a business related field.

4. Application is to be completed by applicant – print clearly or type.

5. Include the following and return with the completed application (no staples):
   a. A brief autobiographical essay including the following information:
      • Educational background (if already graduated from high school)
      • School activities (indicate which years involved, i.e.: freshman, sophomore, etc.)
      • Community involvement (indicate number of years involved)
      • Honors & awards received both in and out of school
      • Other pertinent information about yourself
   b. Transcript of courses completed
   c. Three (3) character reference letters

6. Please send all original forms to:
   Liz Lynch – Scholarship Committee Chair
   Coulee Region Professional Women
   9500 Mound Prairie Drive
   Houston, MN 55943 (preferred option)
   OR
   E-mail forms to: lizpasse@gmail.com

7. If questions contact: Liz Lynch at lizpasse@gmail.com or call/text at 608-738-2940

8. This information and application form may be reproduced.
SCHOLARSHIP APPLICATION - JANUARY 2016

1. Applicant’s Name:
   ________________________________

2. Permanent Address:
   ________________________________
   City __________________ State ________ Zip _______

3. Phone #: (______)______-__________

4. Email address: ______________________________

5. Age: ______

6. Marital Status: _________________

7. Number of Dependents: ___________

8. Are you currently employed? _____ yes _____ no

9. Name of current or last employer (if any)
   ________________________________

10. Position held: ________________________________

11. Salary/Wages $____________________

12. Do you have legal dependents who receive more than half of their financial support from you? _____ yes _____ no.

13. If yes, how many dependents? ________

14. Sources and amounts of funds for next school year.
   Parents $__________ Own Income $__________ Other $__________
   Scholarships Awarded $__________ Your Savings $__________

15. Have you previously received assistance from Coulee Region Professional Women? _____ yes _____ no $__________ Amount received

IMPORTANT!: Must be received, postmarked, or E-mailed by Friday, March 11, 2016
SCHOLARSHIP APPLICATION - JANUARY 2016

16. Name of Parent(s), Guardian or Spouse:

__________________________
Relationship: ______________
Address ____________________________________________
City ____________________________ State ______ Zip __________

17. Place of Employment and Position

Father:

__________________________
Mother:

__________________________
Spouse:

__________________________
Guardian/Relative:

__________________________

18. Educational Institution applicant is presently attending.

Institution Name:

________________________________________________________
City, State

Major/Course of Study:

________________________________________________________
Cumulative Grade Point Average:

________________________________________________________
Grade Point Average for Most Recent Term:

________________________________________________________

Academic Classification:

_____ High School Senior
_____ College Freshman
_____ College Sophomore
_____ College Junior

_____ College Senior
_____ Graduate Student
_____ Other (Specify)
SCHOLARSHIP APPLICATION - JANUARY 2016

19. Educational Institutions which you have applied to and/or been accepted by as of this date.

Institution Name

__________________________________________________________

City, State

__________________________________________________________

Course of Study ______________________________
Degree Sought ____________________
Anticipated Date of Enrollment ______________
Date Next Term Begins ______________
Amount of Tuition/Fees Per Semester $______________
Date First Payment is Due ______________
Date Applied ________________ Date Accepted ________________

***********************************************************************

Institution Name

__________________________________________________________

City, State

__________________________________________________________

Course of Study ______________________________
Degree Sought ____________________
Anticipated Date of Enrollment ______________
Date Next Term Begins ______________
Amount of Tuition/Fees Per Semester $______________
Date First Payment is Due ______________
Date Applied ________________ Date Accepted ________________

***********************************************************************

Institution Name

__________________________________________________________

City, State

__________________________________________________________

Course of Study ______________________________
Degree Sought ____________________
Anticipated Date of Enrollment ______________
Date Next Term Begins ______________
Amount of Tuition/Fees Per Semester $______________
Date First Payment is Due ______________
Date Applied ________________ Date Accepted ________________
SCHOLARSHIP APPLICATION - JANUARY 2016

*****FINANCIAL INFORMATION*****

1. Have you filed the Federal Financial Aid Application (FAFSA)? __yes __ no
2. Number of children dependent upon family income? ______
   Ages: ________________________________________________

3. Number of siblings in higher education that your parents are helping financially,
   where they go to school and their year in school (or number of dependent children
   that you are financially helping with higher education).
   ___________________________________________________
   ___________________________________________________
   ___________________________________________________
   ___________________________________________________

**If you have not completed your 2015 tax reports, use the amounts that you
reported last year and indicate if there will be any significant differences this
year**

4. Family gross income as reported on federal tax forms
   $________________________

5. Family taxable income as reported on federal tax forms
   $________________________

6. Your gross income as reported on federal tax forms
   $________________________

7. Your taxable income as reported on federal tax forms
   $________________________

8. Are your parents separated or divorced? _____ yes _____ no

9. Do you or your child(ren) receive any other financial support on a regular basis?
   _____ yes _____ no $________________________ Amount

If yes, please explain:
   ___________________________________________________
   ___________________________________________________
   ___________________________________________________
   ___________________________________________________