January 16, 2017

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 2016-2017 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 $1,000.00 each to five 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:

Karen Bartosh  
618 10th Ct  
Onalaska, WI 54650 (preferred option)  
OR  E-mail to: kbartosh@fspa.org.

Applications must be postmarked or emailed no later than **Friday, March 17, 2017**, 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 25th dinner meeting of the Coulee Region Professional Women.

Should you have any questions, feel free to contact me at kbartosh@fspa.org or 608-769-6786.

Kind regards,

Karen

Karen Bartosh – Scholarship Committee Chair  
Coulee Region Professional Women
SCHOLARSHIP APPLICATION INSTRUCTIONS
January 2017

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 17, 2017.

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:
   Karen Bartosh
   CRPW Scholarship
   618 10th Ct
   Onalaska, WI 54650 (preferred option)
   OR
   E-mail forms to: kbartosh@fspa.org

7. If questions contact: Karen Bartosh at kbartosh@fspa.org
or call/text at 608-769-6786

8. This information and application form may be reproduced.
SCHOLARSHIP APPLICATION - JANUARY 2017

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
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:

<table>
<thead>
<tr>
<th>High School Senior</th>
<th>College Senior</th>
</tr>
</thead>
<tbody>
<tr>
<td>College Freshman</td>
<td>Graduate Student</td>
</tr>
<tr>
<td>College Sophomore</td>
<td>Other (Specify)</td>
</tr>
<tr>
<td>College Junior</td>
<td></td>
</tr>
</tbody>
</table>
SCHOLARSHIP APPLICATION - JANUARY 2017

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 2017

*****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 2016 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:
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________