Professional Women in Building Scholarship Application





Applicants must meet all of the following requirements:

- 1) Must be a resident of Johnson, Washington, Iowa or Cedar Counties in Iowa or family of a member of The Greater Iowa City Area Home Builders Association
- 2) Must be enrolling in, or attending if graduated in December, an accredited post-secondary school
- 4) Application must be postmarked by April 15.

Instructions:

- 1. Answer all questions. Note "N/A" if not applicable.
- 2. Do not staple or bind any application materials.
- 3. Print legibly in pen or type.
- 4. Include official transcript. If you graduated in December and are a first semester college student, you must submit official high school and college transcripts.
- 5. Include letter of recommendation. Signed and preferably on letterhead.
- 6. Deliver completed application with requested documents no later than April 15 to:

By mail: The Greater Iowa City Area Home Builders Association P.O. Box 3396 Iowa City, IA 52241

By email: karyl@hbaofic.org

Questions? Call Karyl Bohnsack at 319-351-5333

Student Information:

Name:			
Permanent Address:			
City:		Zip:	
Date of Birth:		<u>.</u>	
Home phone number:	Cell phone number:		
Email:	<u> </u>		

(This is our primary way of contacting you. Provide a permanent email address if you have one.)

Academic Information:						
Name, city of current school attending:						
Graduation date:						
GPA (Does not determine your potential for this ap	plication):					
College planning to attend: Campus site: Are you currently enrolled in this college? Yes No						
Are you currently enrolled in this college? ☐ Yes ☐	No					
If so, what will be your status in the fall?						
Four-year college: ☐ Freshman ☐ Sophomore ☐ Ju	nior 🗆 Seni	or				
Two-year/trade school: □ 1st Year □ 2nd Year						
Planned Field of Study (your major):						
Career Objective (what you want to do for a career):						
Family Information:						
Are you dependent \square or independent \square						
If dependent, complete the following information	a. Note "N/A	A" if not applicable:				
Father:						
Name:						
Address:						
City:	State:	Zip:				
Occupation:		<u> </u>				
1						
Mother:						
Name:						
Address:						
City:	_ State:	Zip:				
Occupation:						
-						
Other Legal Guardian:						
Name:						
Address:						
City:	_ State:	Zip:				
Occupation:						
-						
Number of older brothers or sisters:						
Number of younger brothers or sisters:						
How many siblings currently attend college?						
If independent, complete spouse information. No	te "N/A" if	not applicable:				
Spouse:		••				
Name:						
Occupation:						
Occupation: Age(s) of Do	ependent(s):					
	• '					

Asset Information:
How do you plan to finance your education? (Check all that apply)
Loans □ Yes □ No
Scholarships \square Yes \square No
Grants □ Yes □ No
Family Contributions (including support from parents, step-parents, spouse, and other
contributions) \square Yes \square No
Job Earnings - Are you currently employed? ☐ Yes ☐ No
Place of employment:
Will you be employed while you are in school? ☐ Yes ☐ No
Please note other financial information to be considered:
School, Community Involvement:
Please list any school, community, or church activities in which you have participated.
Connection to Construction Trades:
What is your background or involvement in the home building industry and related trades? (Use
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What is your background or involvement in the home building industry and related trades? (Use additional paper if necessary.) Is anyone in your family a member of the Home Builders Association? Yes No
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What is your background or involvement in the home building industry and related trades? (Use additional paper if necessary.) Is anyone in your family a member of the Home Builders Association? Yes No If yes, family member's name:
What is your background or involvement in the home building industry and related trades? (Use additional paper if necessary.) Is anyone in your family a member of the Home Builders Association? Yes No

CERTIFICATION AND AUTHORIZATION:

I hereby certify that the information contained in this application is true and correct. I authorize the scholarship committee to make such investigation of this application as it deems appropriate, to include the contacting of any of the individuals or institutions referred to in the application. I understand that the falsification of any information contained in this application will disqualify me from further consideration or receipt of funds from the scholarship. I also agree to provide a photograph and short acceptance testimonial if chosen.

Signature of Applicant	 	
Date		

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