

PBW SCHOLARSHIP APPLICATION–NON-TRADITIONAL

APPLICANT'S NAME _____

E-MAIL ADDRESS _____

BIRTH DATE _____

MAILING ADDRESS _____

CITY/STATE/ZIP _____

HOME PHONE _____

I authorize the release of school information necessary for application to the PBW Scholarship Program.

Signature _____

NAME AND ADDRESS OF COLLEGE(s) OR TRAINING BEING CONSIDERED:

APPROXIMATE COSTS OF TRAINING _____

LENGTH OF TRAINING OR SCHOOLING NEEDED _____

Applicant should attach (1) Typed statement on applicant's future goals, why she should be considered and financial need review, and (2) First page of applicant's most recent Federal tax filing. Mail all of the above to Peggy Cochran, P. O. Box 890, Rocky Mount, MO 65072 to be postmarked by June 25, 2018.

NOTE: Winners will be notified shortly after application deadline. Scholarship money will be available for the first semester of 2018-2019.