



Women's Enterprise Foundation, Inc.

NAWBO Membership SCHOLARSHIP

APPLICATION Deadline: February 28

The Women's Enterprise Foundation (WEF) is a 501(c)3 charitable organization that supports and inspires emerging women business owners within the greater Phoenix area who have a demonstrated business development need or who would benefit from specialized educational training and development opportunities.

Our mission is to support and inspire such enterprising women with scholarships and grants that enable them to further their education, leadership skills and opportunities to succeed.

The National Association of Women Business Owners (NAWBO) Membership Scholarship (\$1500 value) includes:

- A one year membership to NAWBO National/Phoenix www.nawbophx.org
- Attendance fees to all NAWBO Phoenix luncheons including the Red Affair
- Attendance fees to all NAWBO University programs
- Access to exclusive NAWBO mentoring program
- Listing in National and Local NAWBO directory
- Access to National conferences and information

Qualification Criteria:

- Must have been in business for a minimum of 1 year
- Must include a business plan with application – Use the simple one page business plan attached, the SBA's sample at <http://app1.sba.gov/training/sbabp/bptemplate.pdf> or create your own.
- Must be willing and able to attend 10 out of 12 NAWBO Phoenix luncheons
- Must be willing and able to attend 6 out of 8 NAWBO University programs
- Agrees to support WEF through attendance and sponsorships for events
- Must not be or have been a member of NAWBO Phoenix

You will be notified by March 31st. Membership starts in April.

I have read and understand the expectations of receiving a WEF scholarship for a one-year NAWBO Phoenix membership.

Signature

Date

It is important that this application be filled out in its entirety and submitted to the WEF Grants & Scholarships Committee prior to any deadline associated with requested funds program. Please be concise, yet thoughtful when answering all questions. Responses must be typed or legibly handwritten in black ink. All financial information provided will remain strictly confidential.

Completed applications and a business plan should be submitted to:

Women's Enterprise Foundation, 1804 E. Southern Ave. Ste 5-137, Tempe AZ 85282
Or email to info@WEFPhx.org

For additional information about Women's Enterprise Foundation (WEF) visit www.WEFPhx.org



APPLICANT INFORMATION

Business name <i>(if applicable)</i>		Phone ()
CONTACT NAME: First Middle Initial Last Mr./Mrs./Miss		Work Phone + Ext. ()
MAILING ADDRESS: Street Number and Name, City, State, Zip Code		
Fax ()	Email	Website
Has Applicant ever applied for a scholarship through WEF before? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>If so, please provide brief details of date, purpose and outcome below.</i>		
How were you referred to the Foundation? <input type="checkbox"/> Advertisement <input type="checkbox"/> Website <input type="checkbox"/> Board Member <input type="checkbox"/> NAWBO Member <input type="checkbox"/> Other (specify below)		
Name of Referring Member _____		
Additional Comments (Optional)		



GENERAL INFORMATION

Business Profile		
Date that you Started (Purchased or Inherited) the Business: mm/dd/yyyy	Industry:	SIC Classification:
Key Products or Services:		
Why are you in business?		
Business Goals for this Year: (in the space provided, state at least one, but no more than three goals)		
1)		
2)		
3)		

REFERENCE DATA (PLEASE LIST PROFESSIONAL REFERENCES WE MAY CONTACT)

Name	Address	Telephone
Additional Information:		
Additional Information:		
Additional Information:		

Statement of Financial Need. In the space below, please explain your financial situation and why it's important for you to receive this scholarship at this time.



Women's Enterprise Foundation, Inc.
SCHOLARSHIP APPLICATION FORM

PRE-AWARD CERTIFICATION

- *Initial* I certify that I have read and completely understand the conditions of the Grant or Scholarship for which I am applying.
- *Initial* I certify that I have read and completely understand the conditions of the Grant or Scholarship for which I am applying.
- *Initial* I certify and I agree to abide by all conditions if a Grant or Scholarship is awarded to me/my organization.
- *Initial* I certify that the information I have provided on the application forms is accurate, complete, and true to the best of my knowledge.
- *Initial* I certify that I understand that information about me, or the organization I represent, and the Grant or Scholarship may be used by WEF.
- *Initial* I understand that all statements contained in this application may be investigated. I agree to authorize the Women's Enterprise Foundation to secure information about my experience with former employers, education institutions and agencies, and for those parties to provide information concerning my experience, releasing all parties from any liability arising there from.
- *Initial* I understand I must submit a letter summarizing the outcome of the Grant or Scholarship at the end of the period covered.
- *Initial* I understand I may be requested to present to the WEF Board of Directors on the status and outcome of the Grant or Scholarship at the end of the period covered.
- *Initial* I understand the Grant or Scholarship may be revoked, terminated, or suspended.
Grounds for revocation, termination or suspension include, but are not limited to: (1) failure to comply with the terms and conditions; (2) material misrepresentation made by any Applicant in the application form or accompanying documents.

My signature below certifies that I have read and understand the foregoing and to the best of my knowledge and belief, the information on this form is true and correct.

Applicant Signature

Date of Application

Board of Directors Use Only			
Date received by GraS. Committee		Date reviewed by GraS. Committee	
Recommended to the Board? <input type="checkbox"/> YES <input type="checkbox"/> NO		GraS. Committee Chair Initials	
Date reviewed by the Board of Directors		<input type="checkbox"/> Approved	Amount approved: \$
<input type="checkbox"/> Disapproved	Reason disapproved:		
Treasurer		Treasurer's Initials	
Check #:	Amount: \$	Date Check mailed:	
NOTES:			