



National Association of Women Business Owners

**BUFFALO NIAGARA Chapter
APPLICATION FOR SCHOLARSHIP**

Name: _____
Company: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Email: _____
Website: _____

I have registered and been accepted in the following program, seminar, workshop, or course.

The cost of the program is \$ _____

Reason(s) for applying for course (use an extra sheet if necessary):

Number of Years as a member of NAWBO: _____

Are you a dues-paying member? _____

Are you a voting member? _____

Examples of active participation in NAWBO:

Number of years in Business: _____

Highest Level of Education and from which school: _____

I understand I am expected to participate in the chapter's programs and/or activities during the upcoming program year and to give a 5-7 minute presentation at a chapter meeting upon completion of this course.

Signature

Date

Return application to NAWBO Buffalo Niagara, PO Box 1165, Orchard Park, NY 14127 or via email to info@nawbowny.org.