

PROFESSIONAL WOMEN IN BUILDING

1928 N. 4th Street, Coeur d'Alene, ID 83814 Phone: (208) 765.5518



The "Janice Wymer Higher Education Scholarship" Application Form

Name: _____ School presently at: _____

Your Mailing Address: _____

City _____ State _____ Zip Code _____

Phone: (____) _____ Fax: (____) _____ Email _____

Current GPA: _____ GPA in Field of Study: _____ (if applicable)

Studies you wish to pursue or are pursuing: _____

Detail why you are applying for the NIBCA Women's Council scholarship: _____

What is your educational goal? _____

How will this scholarship help you attain this goal? _____

Are you currently receiving (or applying for) any other financial aid? _____yes _____no

If yes, describe: _____

List any community, high school, or college activities that you have participated in: _____

Have you submitted additional scholarship applications with a NIBCA business member? _____yes _____no

If yes, who _____

**Thank you for applying.
A copy of your latest school transcripts must accompany this application.**

SIGNATURE CERTIFICATION

"I certify that the information provided on this application is true and correct to the best of my knowledge".

Student's Signature _____

Print name _____ Date _____

