

*Business Women's Association of Halifax County*

PO Box 1404, Halifax, VA 24558-1404

Website: <https://halifaxbusinesswomen.org> Email: [scsbhnh@yahoo.com](mailto:scsbhnh@yahoo.com)

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**2024 Scholarship Application Instructions**

Students interested in applying for a Business Women's Association of Halifax County scholarship should either download an application online at the Business Women's Association of Halifax County website (<https://halifaxbusinesswomen.org>), or pick up an application at the Halifax Library, South Boston Library, or at the Halifax High School Guidance Department. The following should be completed, signed and returned via United States Postal Service:

- 1. The 2024 Scholarship Application**
- 2. An autobiographical statement that includes your goals, college plans, financial needs as well as any clubs, hobbies, sports, volunteer work and work study you may have done.**
- 3. A transcript of courses completed. You must have at least a "C" average and be in good standing.**
- 4. Three reference letters.**
- 5. A recent photograph.**

Mail your completed application and attachments, to be **received no later than March 15, 2024**, to the Business Women's Association of Halifax County Education Chairperson at the following address:

**EDUCATION CHAIRPERSON  
SARAH STEVENS  
8014 BILL TUCK HIGHWAY  
VIRGILINA, VA 24598-3164**

The Business Women's Association of Halifax County Education Committee will screen applications and the top candidates will be notified and scheduled for interviews. Please remember that **applications received after March 15, 2024 will not be considered.**

If you have any questions regarding your scholarship application or the scholarship application process, please call Ms. Stevens at 434-579-2755, or email her at [scsbhnh@yahoo.com](mailto:scsbhnh@yahoo.com).

Thank you for your scholarship application.

Sincerely,

*Sarah Stevens*

Education Chairperson

Business Women's Association of Halifax County

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**2024 Scholarship Application**

**SECTION A:**

1. Name: \_\_\_\_\_
2. Permanent Address: \_\_\_\_\_
3. Telephone Numbers: \_\_\_\_\_
4. Date Of Birth: \_\_\_\_\_
5. Email Address: \_\_\_\_\_
6. Are you a United States Citizen? \_\_\_\_\_  
Yes or No
7. Marital Status: \_\_\_\_\_  
Married or Single
8. Spouse's Name and Occupation: \_\_\_\_\_
9. Do you have any legal dependents that get more than half of their support from you? \_\_\_\_\_  
Yes or No

**SECTION B:**

10. What current educational institution are you attending?

\_\_\_\_\_  
Name of School

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
County

\_\_\_\_\_  
City, State, Zip Code

11. What educational institution do you plan to attend?

\_\_\_\_\_  
Name of School

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, Zip Code

12. What level of college will you begin in the fall of 2024? Please check one.

Freshman \_\_\_\_\_ Sophomore \_\_\_\_\_ Junior \_\_\_\_\_ Senior \_\_\_\_\_

Graduate Student \_\_\_\_\_ Other (Specify) \_\_\_\_\_

13. What will be your enrollment status? Please check one: Full-time \_\_\_\_\_ Part-time \_\_\_\_\_

14. What will be your degree/certificate? \_\_\_\_\_

What is your course of study? \_\_\_\_\_

15. When do you expect to complete your degree/certificate? \_\_\_\_\_

**SECTION C:**

| <u>Enter Your Actual Expenses</u> |                             |                 |
|-----------------------------------|-----------------------------|-----------------|
|                                   | <u>Per Semester/Quarter</u> | <u>Per Year</u> |
| Tuition, Fees:                    | \$ _____                    | \$ _____        |
| Books:                            | \$ _____                    | \$ _____        |
| Living Expenses:                  | \$ _____                    | \$ _____        |
| Other (Specify):                  | \$ _____                    | \$ _____        |
| Total:                            | \$ _____                    | \$ _____        |

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**By my signature below I attest that all information supplied is complete and accurate.**

\_\_\_\_\_  
Applicant Signature Date

Association Use Only

- \_\_\_\_\_ Autobiographical Statement
- \_\_\_\_\_ Transcript of Courses Completed
- \_\_\_\_\_ Three Reference Letters
- \_\_\_\_\_ Recent Photograph
- \_\_\_\_\_ Completed Application

This application has been reviewed for the Business Women's Association of Halifax County eligibility requirements by:  
\_\_\_\_\_