



Women's Business Council of Champaign County

Ruth B. Jones Scholarship Fund

Name/title: _____ Date: _____

Company: _____

Mailing address: _____

City: _____ State: _____ Zip: _____

Home mailing address: _____

City: _____ State: _____ Zip: _____

Work telephone no.: (____) _____ Home telephone no.: (____) _____

Work e-mail: _____ Home e-mail: _____

Is this your first WBC scholarship? YES _____ NO _____

If no, please list other scholarship(s) received:

Dollar amount _____ year received _____

Dollar amount _____ year received _____

If you are awarded this scholarship, to who should it be made payable and sent?

Please attach a one page typed letter stating why you are requesting a scholarship, the amount requested, and supporting documentation as to cost or fees associated.

Applicant signature: _____ Date: _____

WBC Scholarship Chair Signature: _____

Received: _____
(Date)

Approved: _____
(Date)

Declined: _____
(Date)