Louisiana Federation of Business & Professional Women
Agnes Morris Educational Scholarship

Louisiana Federation of Business and Professional women is pleased to offer its members the Agnes Morris Educational Scholarship. This scholarship fund originated as the Agnes Morris Education Loan Fund and is sponsored and funded by BPW/LA. This scholarship is a continuing education scholarship for a woman, 25 years or older. The recipient of this scholarship must be a BPW/LA member. The scholarship can be used for an acceptable learning program from an accredited university, college, or technical college as well as proven coursework for license or career advancement.

Rules:

1. Download the scholarship application and fill it out.

2. The LO section on the scholarship application must be filled out and signed by the LO President and LO Treasurer. If the applicant is a member-at-large, the application must be signed by the State President and the State Treasurer (who also verifies membership).

3. The applicant must send a certified copy of transcripts from high school(s) and from any other schools of higher learning that she has attended.

4. The applicant must include scores from her school/college/university entrance exams on the scholarship application.

5. The applicant must attach or send three (3) letters of reference or recommendation from non-family members with the scholarship application.

6. All scholarship application paperwork is to be mailed to:

   Linda Burns
   Agnes Morris Education Scholarship Fund Chair
   1424 Evangeline Road
   Glenmora, LA 71433
   Phone (318) 748-7603
   amesfchair@bpwlaouisiana.org
7. Applications and accompanying paperwork must be received by April 1 of each calendar year for the Fall of that year.

8. Applications are reviewed at an Executive Committee Meeting by the Agnes Morris Education Scholarship Fund Chair, the Executive Board, and the District Directors (or appointees). Scholarship recipients are announced at the June State Conference.

9. The scholarship fund check will be made out to the student and the school.

10. The scholarship recipient must furnish the address of the school in a timely manner.

11. Once the student starts school, she must show proof of attendance and she must maintain a GPA of 2.0 or above for the prior semester/quarter before the next semester’s/quarter’s fee will be paid. If the student does not maintain a GPA of 2.0 or above per semester/quarter the scholarship is terminated.

12. The scholarship is for a 2-year period (and can be divided into semesters or quarters as needed) provided that the student remains in good standing with BPW/LA, shows proof of school attendance, maintains a GPA of 2.0 or above, and completes 6 or more hours per semester or quarter.

13. The student must complete **6 or more hours** per semester or quarter. Failure to comply with this rule terminates the scholarship.

14. The student has 60 days from the end of the semester to resolve any incomplete coursework. Failure to comply with this rule terminates the scholarship.

15. The scholarship is $1,500 per year for fall, spring, and summer semesters ($500 per semester). If the student does not attend summer semester, the scholarship is $1000 per year for fall and spring semesters.

16. The scholarship is $1500 per year if the recipient attends a school that is on the quarter system ($375 per quarter).

17. A recipient may defer the start of the AMESF scholarship by one semester if circumstances prevent her from starting the scholarship in a timely manner. The AMESF chair must be notified.

18. If possible, an alternate AMESF recipient will be chosen for each scholarship period (if number of applicants allows this). The alternate would receive the scholarship, if funds permit, in the event that the existing recipient did not meet the requirements to continue the scholarship.
Name:_________________________ DOB:________________________

Address:________________________________________________________________________________

City:________________________________ State:_____ ZIP:_____________________________

Phone#:________________(H): __________________ (W):________________(C):______________

Email:____________________________________________________________________________________

Name of High school you attended:___________________________________________________________

City:________________________________ State:_____ Year Graduated________________________

GPA in high school: _____________

College/school entrance tests taken/scores:___________________________________________________

What school/college/university do you plan on attending? ________________________________

What course of study do you plan to pursue?:_______________________________________________

_____________________________________________________________________________________

Length of time needed for this course of study:______________________________________________

If you have attended college in the past, give a brief history (include course of study/GPA/dates):
_____________________________________________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

Other sources of funding:_______________________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________
LO INFORMATION (IF APPLICABLE)

Contact information for LO:

Name of scholarship applicant’s LO: ____________________________________________

LO President’s name: ___________________________________________________________

Address: ___________________ City: ___________________ Zip: ___________________

Phone#: ___________________ (H): ___________ (W): ___________ (C): ___________

Email: ______________________________________________________________________

How long has the scholarship applicant been a member of your LO? ____/____ years/months

Offices/chairs scholarship applicant has held/now holds in the LO/District/State level:

_____________________________________________________________________________

_____________________________________________________________________________

_____________________________________________________________________________

We the undersigned officers of the __________________________ LO do declare that our LO
endorse ____________________________ for this scholarship and that the information
furnished on this form is correct on _________________(DATE).

________________________________        _______________________________
Signature of LO President                              Signature of LO Treasurer

MAL/SAL ENDORSEMENT (IF APPLICABLE)

We the undersigned officers of The Louisiana Federation of Business and Professional Women
do endorse ____________________________ for this scholarship and that the information
furnished on this form is correct on _________________(DATE).

________________________________        _______________________________
Signature of State President                              Signature of State Treasurer
I, ____________________________ have read and fully understand the terms for The Agnes Morris Education Scholarship. I certify that the facts given in this scholarship application and accompanying documents are true and correct. I further agree to comply with all terms and conditions of this scholarship should I be selected as a recipient.

______________________________________        ________________________
Signature of Scholarship Applicant            Date

Please use the space below to tell BPW/LA why you want this scholarship and what you plan to use it for (250 words or less). You may put this on a separate page and attach it to this form.

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