

**APPLICATION FOR AFWA BEVERLY M WANDLING MEMORIAL SCHOLARSHIP  
ACCOUNTING AND FINANCIALS WOMEN'S ALLIANCE**

**Ames Chapter #158**

**Ames, Iowa**

**Due November 1, 2022**

**PLEASE READ AND COMPLETE THIS APPLICATION CAREFULLY!!  
ONLY COMPLETED CANDIDATE SUBMISSIONS WILL BE CONSIDERED.**

These scholarships will range from \$600 to \$1,000. The recipient will be recognized at a spring meeting of the Ames Chapter of AFWA. The scholarship will be awarded on the basis of need, merit, and commitment to the mission of AFWA, and enthusiasm for the accounting profession.

Candidates must submit a completed application November 1, 2022. An interview may be required.

Applicants for this scholarship must meet the following criteria:

1. Be a resident of or attend college in Story, Boone, or Marshall Counties of Iowa.
2. Be a full or part-time student with a declared major in accounting or finance in a two-year, four-year or master's program.
3. Be committed to the mission of AFWA and exhibit enthusiasm for the accounting profession

**Instructions for Completing the Application:**

- Answer all questions. If the information does not apply, please state as such.
- Include an official transcript.
- Attach an essay from 150 to 250 words on career goals and objectives, what impact the candidate wants to have on the accounting world, community involvement and leadership examples.
- Attach a letter of recommendation from an individual such as a professor or an employer who can attest to your character and enthusiasm for the accounting profession. The letter of recommendation should include contact information for the person making the recommendation.
- Email or mail the completed application, essay, transcript and letter of recommendation by **11/1/2022** to:  
Email: [scholarship@amesafwa.org](mailto:scholarship@amesafwa.org) Mail to: **Cheryl Carlile, 607 Crystal St, Ames, IA 50010.**

**1. APPLICATION INFORMATION**

Sponsoring Chapter
Date of Application
Name of Applicant

University or College Name
Student ID Number
Financial Aid Department Phone Number

**2. PERSONAL DATA (Address and telephone number where applicant may be reached)**

Address	
City/State/Zip	
Telephone	Email

**3. ACADEMIC BACKGROUND (Post Secondary Schools Attended)**

College/University 1.	
From - To	Expected Graduation Date
Major	Grade Point Average – Overall
Hours Completed	Grade Point Average – Accounting

College/University 2.	
From - To	
Major	Grade Point Average – Overall
Hours Completed	Grade Point Average – Accounting/Finance courses

College/University 3.	
From - To	
Major	Grade Point Average - Overall
Hours Completed	Grade Point Average – Accounting/Finance courses

**\*\*\* Attach one [1] current official transcript. \*\*\***

**4. EXTRACURRICULAR ACTIVITIES AND HONORS**

Extracurricular Activities and Offices Held (include academic, professional, etc.)
Honors and Awards Received

- 5. **ESSAY** – Attach an essay from 150 to 250 words on career goals and objectives, what impact the candidate wants to have on the accounting and financial world, community involvement and leadership examples.
- 6. **LETTER OF RECOMMENDATION** – Attach a letter of recommendation from an individual such as a professor or an employer who can attest to your character and enthusiasm for the accounting profession.

**7. FINANCIAL BACKGROUND (Attach Financial Aid Transcript if available)**

<b>YOUR Total Income</b>	<b>Academic Year 2022-2023</b>	<b>Academic Year 2022-2023(Estimate)</b>
Scholarships	_____	_____
Grants	_____	_____
Loans	_____	_____
Wages	_____	_____
Family	_____	_____
Other (describe)	_____	_____
_____	_____	_____
<b>TOTAL</b>	<b>=====</b>	<b>=====</b>

<b>YOUR Total Expense</b>		
Educational Expenses	_____	_____
Tuition	_____	_____
Books/Supplies	_____	_____
Other (describe)	_____	_____
_____	_____	_____
<b>TOTAL</b>	<b>=====</b>	<b>=====</b>

Are you self-supporting (yes/no)? \_\_\_\_\_

If yes, number of dependents including you: \_\_\_\_\_

If no, are you supported totally or partially by another person (yes/no)? \_\_\_\_\_

If yes, numbers of dependents that person supports:  
(Include the supporter as a dependent) \_\_\_\_\_

Total prior year gross income of person providing your support: \_\_\_\_\_

Current year expected gross income of that person: \_\_\_\_\_

**8. The candidate understands that, if selected, they will be asked to provide a digital picture and sign a release so that the Chapter can publish the picture and brief biography of a candidate. If required, a candidate may need to supply their Social Security number for reporting purposes. Please do not call or email requesting the status of your application. Application submission does not guarantee a scholarship.**

I certify that the information contained in this application is complete and accurate to the best of my knowledge. I further understand that if selected for a scholarship, I must provide proof of current registration before receiving any scholarship funds.

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