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| **GAWHE_logo** | **Louise McBee Scholarship Application**Sponsored by theGeorgia Association of Women in Higher Education(GAWHE) |

**Applicant must be a Georgia resident**

**SECTION I (REQUIRED)**

|  |  |
| --- | --- |
| Name |  |
| Street AddressCity/State/Zip |  |
|  |
| Primary Phone |  |
| Email |  |
| Additional Email (if available) |  |

**SECTION II (answer any/all that apply)**

|  |  |
| --- | --- |
| Graduate School Grade Point Average:  |  |
| Undergraduate Major:  |  |
| Graduate Major:  |  |
| College/University/Technical School where employed |  |

**SECTION III**

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| Relevant Activities and/or Honors (academic, professional, community, etc.) |

**SECTION IV**

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| Statement of your professional goals and your expectations for your educational pursuits: |

**SECTION V**

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| The purpose of this scholarship is to enhance the educational opportunities for a woman exhibiting leadership potential in the field of higher education and who exemplifies the life of Louise McBee. How do you plan to use this scholarship? |

**SECTION VI**

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| Brief explanation of how this scholarship will be financially helpful: |

**SECTION VII**

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| Please provide any other information that you think would be of interest to the Scholarship Selection Committee. Attach additional pages if needed. |

**SECTION VIII MENTOR**

|  |  |
| --- | --- |
| Mentor’s Name  |  |
| Mentor’s Address |  |
|  |
| Mentor’s Phone |  |
| Mentor’s Email |  |
| Why is this person selected as your mentor? |  |

***Email application and two letters of reference (and optional resume if desired) by January 16, 2015 to:***

***Tracy Mitchell***

***Louise McBee Scholarship Committee***

***Richards College of Business, Miller Hall 1213***

***University of West Georgia***

***1601 Maple Street***

***Carrollton, GA 30116***

***tmitchel@westga.edu***

***P: 678.839.4838 F: 678.839.5262***

*Draft revision submitted 09/26/2014*