



Women's Business Alliance Scholarship Program Application Form

Funded by the Choice Hotels International Foundation

**Application Must Be Postmarked No Later Than
Monday, February 1, 2010**

* = Required Field

*Last Name: _____

*First Name: _____ Middle Name: _____

*Permanent Address: _____

*City: _____ *State _____ *Zip _____

*Phone Number: (____) ____-____ (day) (____) ____-____ (evening) (____) ____-____ (cell)

*E-mail address: _____

- * Check Your Status (Fall 2010)
- First-year College Student
 - Returning Undergraduate College Student
 - Returning College Student (after an extended absence)
 - Graduate Student

*Name of the college you plan to attend in the Fall 2010 semester:

(Please note: Verification of acceptance at the college is required before an award check will be issued.)

Name of Employer (if applicable): _____

Full Address of Employer:

Street Number: _____

City: _____ State _____ Zip _____

*Please indicate where you learned about this scholarship opportunity.

- www.choicehotels.com
- www.choicecentral.com
- www.fastweb.com
- Other (Please specify) _____

I attest that the above is correct to the full extent of my knowledge:

*Signature of Applicant

*Date