The Puget Sound Business Journal and Chuck and Karen Lytle joined forces to create the Puget Sound Business Journal’s Women of Influence-Lytle Enterprises Scholarship Fund. The Women of Influence Awards celebrate the leadership of women in the business world and in the larger community. To be a Woman of Influence, one must evidence not only leadership and achievement in business and in the community, but also be a mentor to other women. This scholarship puts money behind that message. This scholarship will enable a woman of potential to develop her leadership and business acumen in a local graduate school of business. In addition to providing financial support toward the scholarship winner’s education, the members of our stellar and prestigious Women of Influence advisory board will make themselves available to mentor her, providing a truly powerful launching pad.

The purpose of this scholarship is to honor and to give financial support to Female students pursuing a graduate level business degree in Washington.

The criteria for application are:

- to be a female student pursuing a graduate business degree.
- to enroll in an accredited educational institution in the state of Washington.
- to demonstrate financial need.
- to be an attendance at the annual “Women of Influence” event (November) (date will be confirmed in award letter)

Interviews are scheduled for Wednesday, April 16 from 9am – noon in Seattle. Presence at the interview is required of all finalists. The Puget Sound Business Journal will cover travel costs. (A Skype call may be scheduled in lieu of an in-person interview, if necessary).

Non-traditional students including returning students and older adults are strongly encouraged to apply.
Please Include The Following:

1. **Essay**: Write a brief essay (approximately 250 words) telling us about yourself, your educational and career achievements and your goals.

2. **References**: Include two reference letters with your application. These letters should be from people who know you through your academic or employment experience or your community leadership and participation. (Do not include relatives as references)

3. **Personal and Financial Information Form**: Complete the attached form including a statement of how you will pay for additional education expenses beyond this scholarship award.

4. **Transcript**: Your full educational transcript must be stamped with an official seal and enclosed with the application.

**Deadline:** The completed application, plus letters of reference and school transcript, must be postmarked by **Tuesday, March 25**.

**Completed applications should be sent to:**

The Seattle Foundation  
Attn: Scholarship Program  
1200 Fifth Avenue, Suite 1300  
Seattle, WA  98101-3151

**Verification:**

I affirm that the information included with my application is true and accurate in all respects and that I intend to pursue a degree in higher education. I also understand that if selected, the awarding of funds is contingent upon my full-time enrollment at an accredited institution and that the funds will be paid directly to the institution and used toward the cost of my education.

_____________  
Signature  

_____________  
Date
SCHOLARSHIP PROGRAM(S) FOR WHICH YOU ARE APPLYING:

Applicant Information

Last Name: ___________________________ First: ___________________________ Middle Initial: ___________________________

Permanent Mailing Address:

City: ___________________________ State: ___________________________ Zip: ___________________________

Telephone: (______) _______ E-mail Address: ___________________________

Student ID # (if known): ___________________________ Cumulative GPA: ___________________________ Class Rank: ___________________________

Date of Birth: ____/____/____ Female ☐ Male ☐

(Optional) Ethnic Origin: ___________________________ U.S. Citizen Yes ☐ No ☐

School Information (complete applicable sections)

High School: ___________________________ Graduation Date: ____/____/____

City: ___________________________ State: ___________________________ Zip: ___________________________

College/University: ___________________________ Graduation Date: ____/____/____

City: ___________________________ State: ___________________________ Zip: ___________________________

Graduate School: ___________________________ Graduation Date: ____/____/____

City: ___________________________ State: ___________________________ Zip: ___________________________

WHAT OTHER COLLEGES/UNIVERSITIES ARE YOU INTERESTED IN ATTENDING?

School Name: ___________________________ Application Sent: Yes ☐ No ☐ Accepted: Yes ☐ No ☐

School Name: ___________________________ Application Sent: Yes ☐ No ☐ Accepted: Yes ☐ No ☐

School Name: ___________________________ Application Sent: Yes ☐ No ☐ Accepted: Yes ☐ No ☐

Verification

I affirm that the information included with my application is true and accurate in all respects and that I intend to pursue a degree in higher education. I understand that if selected, the awarding of funds is contingent upon my full-time enrollment in an accredited institution, and that the funds will be paid directly to the institution and used toward the cost of my education.

Signature: ___________________________ Date: ___________________________

Parents Signature (if under 18 years old): ___________________________
Financial Information Form - CONFIDENTIAL

Applicant Name: ____________________________

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<th>Mother/Female Guardian</th>
<th>Self (if independent)</th>
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Please check one: | Mother/Female Guardian | Father/Male Guardian | Spouse |
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Annual Income (before taxes/gross)

Father/Male Guardian ............................................................... $ __________
Mother/Female Guardian ........................................................... $ __________
Student ......................................................................................... $ __________
Spouse ........................................................................................ $ __________
Other (Please specify: child support, welfare, social security, etc.) .......... $ __________

Total family income earned during most recent tax year .................. $ __________

Total family size: __________
Number of dependents other than you currently attending college: ________

Continued on next page ...
Financial Information Form (continued)

Please write a statement of your financial need for assistance. Also address how you are contributing toward your education expenses for the coming college year through additional financial aid, employment, or other income.

________________________________________________________________________

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Community service, extracurricular activities, prior awards or scholarships

You may submit a resume (two pages maximum) in lieu of this page.

List all school activities in which you have participated in during the past five years (e.g. student government, music, athletics, etc.). List all community activities in which you have participated without pay during the past five years (e.g. community volunteer). Note special awards, honors and offices held.

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<tr>
<th>Activity</th>
<th>Length of Time Participated</th>
<th>Special Awards/Honors</th>
<th>Offices Held</th>
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Paid and Unpaid Work Experience

Describe your work experience during the past five years (e.g. internships, office work, babysitting, etc.). Indicate dates of employment for each position and approximate number of hours worked each week.

Employer: Position:

From (month/year) / to / Hours/Week:

Employer: Position:

From (month/year) / to / Hours/Week:

Employer: Position:

From (month/year) / to / Hours/Week:

Employer: Position:

From (month/year) / to / Hours/Week: