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724-557-5552

ATTENTION: Financial Aid Officer

### **BPW District 12 Tribute to Women Scholarship**

The Pennsylvania Federation of Business and Professional Women's Clubs, Inc. is offering the District 12 BPW "Barbara J. Myers Ciccone Tribute to Women" Scholarship. This scholarship fund provides financial assistance to an individual who demonstrates financial need and who seeks additional education to advance one's career or to re-enter the job market. The applicant does not have to be a member of BPW to be eligible for the scholarship. **The scholarship will be limited to "non-traditional" students.** The maximum award is \$1,000. Deadline for applications is March 9, 2017.

Enclosed is a scholarship application (criteria attached). Please copy as desired. Interested applicants must complete the necessary application, as well as provide a detailed description of their career plans and how the desired schooling will help achieve these goals. The application is also available online at our BPW District 12 web-site [www.bpwdistrict12.org](http://www.bpwdistrict12.org) and then click on "scholarships" on the left hand side. Please contact me at [drobinson1966@gmail.com](mailto:drobinson1966@gmail.com) or call me at 724-557-5552 with any questions you may have.

Please contact any needy, non-traditional student at your institution who might be interested in additional financial aid. Perhaps even a brief notice in your school's newspaper would be a good way to disseminate the scholarship information. We certainly appreciate your assistance in sharing this information with your students.

Please do not hesitate to contact me if you have questions, etc. Also, students may contact me directly for an application, if desired. My address and phone number are above. Thank you again for your assistance in identifying students for this scholarship.

Sincerely,



Denice Robinson  
Chair, District 12 Scholarship Committee  
Business & Professional Women's Club, Inc.

## CRITERIA FOR BPW SCHOLARSHIP

1. Each applicant will need to name any school loans or grants for education received, including amounts and any amount with outstanding balances owed.
2. Personal data, name, address, phone numbers both home and work, social security number, marital status, date of birth.
3. Extra consideration for BPW Members.
4. List - Educational Program for which scholarship is requested, which must be offered by an accredited educational institution.  
If information is not listed on the application, the application will not be acted upon.
5. Financial Statement as set up by the committee.
6. Application will state BPW will award a grant not to exceed \$ 1,000. Scholarships will be limited to a maximum of three grants.
7. List all sources applied for educational assistance, total for each source and if granted.
8. Applicants educational background.
9. Applicants work background.
10. Applicant should state if they will work while continuing their education and if part or full time. Type of employment should be stated.
11. Where did applicant learn or read about the BPW Scholarship.
12. Applicant will give career objectives (goals within next five years, as well as long term goals).
13. Applicant will provide three (3) references.
14. Scholarship must be used in the year granted.
15. The payment will be made directly to the certified/accredited school.
16. Applicant will certify that information given is true and correct.
17. That the recipient and the amount of the scholarship will be announced at the time set.
18. Scholarship will be limited to "non-traditional" students.

# DISTRICT 12 TRIBUTE TO WOMEN SCHOLARSHIP APPLICATION

(Scholarship application is March 9, 2017)

## Personal Data:

Name: \_\_\_\_\_  
(Last) (First) (Middle)

Permanent Address: \_\_\_\_\_  
(Number, Street and Box Number)  
\_\_\_\_\_  
(City) (State) (Zip)

Home Phone: (\_\_\_\_) \_\_\_\_\_ U.S. Citizen: Yes \_\_\_ No \_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Marital Status: ( ) Single ( ) Married ( ) Separated ( ) Divorced ( ) Widowed

How many dependents will you have during the period covered by this scholarship application? Number: \_\_\_\_\_  
Ages: \_\_\_\_\_ Relationship: \_\_\_\_\_

Are you a BPW Member? Yes \_\_\_ No \_\_\_

If "yes," Name of your Local Organization: \_\_\_\_\_

Where did you learn or read about the scholarship? \_\_\_\_\_

## Educational Information:

Name of School: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Have you been accepted into the program for which you request funds? Yes \_\_\_ No \_\_\_

Major: \_\_\_\_\_ Will you attend: Part Time \_\_\_\_\_ Full Time \_\_\_\_\_

Specific Degree/Certificate you expect to receive: \_\_\_\_\_

Date that course or term is scheduled to begin: Month \_\_\_\_\_ Year \_\_\_\_\_

When do you expect to complete this course of study? Month \_\_\_\_\_ Year \_\_\_\_\_



## Financial Aid Request:

Applicant: A Free Application for Federal Student Aid (FAFSA) for the coming academic year is required for this scholarship. This form is available at the college financial aid office or high school guidance office or online at [www.fafsa.ed.gov](http://www.fafsa.ed.gov). This form must be submitted by March 1 in order for the Financial Aid Office to access this information.

Please complete this release authorization and have the Financial Aid Officer at your school complete the following information:

Name _____	SS# _____
(Please Print)	
Address _____	
My signature authorizes release of requested information to the BPW District 12 Scholarship Selection Committee.	
Signed: _____	Date: _____

Name and address of college or postsecondary institution where check should be mailed:

\_\_\_\_\_

(Contact Person)

\_\_\_\_\_

(Institution)

\_\_\_\_\_

(Mailing Address)

Cost of Education Budget for academic year:

Financial Aid Awards for academic year:

Tuition/Fees \_\_\_\_\_

Room/Board \_\_\_\_\_

Books, Supplies \_\_\_\_\_

Transportation \_\_\_\_\_

Miscellaneous \_\_\_\_\_

**TOTAL COSTS** \_\_\_\_\_

Pell Grant \_\_\_\_\_

PHEAA Grant \_\_\_\_\_

FSEOG Grant \_\_\_\_\_

Private Scholarships \_\_\_\_\_

Stafford Loan \_\_\_\_\_

Other \_\_\_\_\_

**TOTAL AID** \_\_\_\_\_

Estimated Family Contribution \_\_\_\_\_

Cumulative G.P.A. \_\_\_\_\_

Is the student in good academic standing?

Yes \_\_\_\_\_ No \_\_\_\_\_

Is your school an accredited educational institution?

Yes \_\_\_\_\_ No \_\_\_\_\_

**Certification and Acknowledgement:** I hereby certify that the information contained herein is true and correct and a full disclosure of the financial aid package attributable to the herein named student.

\_\_\_\_\_  
Financial Aid Officer

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

## Career Objectives:

Please attach a one-page essay describing your short term career goals and, specifically, how this proposed training will help you to accomplish these goals. Please explain how these apply to your long range career goals. Include a summary regarding the following topics: self, educational goals, issues which are important to working women in today's world.

## References:

Two reference letters are required for your application to be complete. Please provide the names and addresses for your references below. We recommend that one reference be from an employer or teacher. Letters of recommendation must be no more than one year old at the time of application. Applicants are responsible for ensuring that letters of recommendation are received by the deadline date.

Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_

Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_

## Certification:

I certify that to the best of my knowledge the information contained in this application is true and correct. I understand this application will not be considered for review unless it includes the following:

- 1) a copy of my most recent academic transcript
- 2) the financial aid section has been completed by a financial aid officer at my school
- 3) a one-page essay describing my career objectives
- 4) two letters of recommendation (which may be mailed under separate cover)
- 5) a complete, signed and dated application form

I am aware that no materials will be returned. If I am selected as a scholarship recipient, I hereby give permission for my name and school to be announced in local newspapers without further notice or consent from me.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Complete application packets should be mailed to**

**Denice Robinson, 80 Oakland Ave., Uniontown, Pa. 15401**  
, prior to March 9, 2017.