

BPW SCHOLARSHIP APPLICATION CRITERIA

1. Each applicant will need to name any school loans or grants for education received, including amounts and any outstanding balances owed.
2. Required personal information: name, address, phone numbers (home and work), social security number, marital status, date of birth.
3. Special consideration will go to current BPW members.
4. Applicant must list the educational program, from an accredited institution, for which the scholarship is requested. If this information is not listed on the application, the applicant will not be considered.
5. A financial statement must be included as determined by the committee.
6. The application shall state that BPW will award a grant not to exceed \$1000 and that scholarships will be limited to a maximum of three grants.
7. The applicant shall list all sources applied for educational assistance and a total for each source granted.
8. Applicant's educational background shall be identified.
9. Applicant's work background shall be indicated.
10. Applicant shall state whether or not they plan to work while pursuing educational goals, indicating the type of employment and full or part time status.
11. Indication of where applicant learned about BPW Scholarship shall be included.
12. Applicant will detail her short and long term career objectives.
13. Applicant will provide two (2) references.
14. Scholarship money must be used in the year granted.
15. Scholarship funds will be paid directly to the educational institution.
16. Applicant will certify that information given is true and correct.
17. The recipient(s) and amount(s) of scholarships awarded will be announced.
18. Scholarship applicants are 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. 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

Educational Background:

Check highest educational level achieved:

_____ High School Graduate
 _____ Completed GED
 _____ Some College

_____ College/University Degree
 _____ Some Business/Technical School
 _____ Business/Technical Degree/Certificate

List in chronological order all schools or training courses you have attended since high school. Start with most recent. Include courses in which you are presently enrolled. Insert extra pages if additional space is required. Do not substitute resume. **You must attach an academic transcript of your most recent educational endeavor.**

Month/Year	Name/Location of Institution	Major	GPA	Degree	Date

Homemaking, Volunteer and Paid Employment:

List your work experience in chronological order, starting with most recent. Insert extra page if additional space is required. Do not substitute resume.

Dates From/To	Position Title	Employer & Location	Responsibilities & Duties	Full Time/Part Time

Will you work while you continue your education?

Yes

No

Part Time _____ Full Time _____

Type of employment: _____
 Other pertinent data (awards, etc.): _____

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

Bobbi Dobler
595 Old Pittsburgh Rd
Smock, PA 15480-1215