

# DISTRICT 12 TRIBUTE TO WOMEN SCHOLARSHIP APPLICATION

(Scholarship application deadline is March 8, 2019)

## 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 \_\_\_\_\_

## Educational Background:

Check highest educational level achieved:

\_\_\_\_\_ High School Graduate

\_\_\_\_\_ College/University Degree

\_\_\_\_\_ Completed GED

\_\_\_\_\_ Some Business/Technical School

\_\_\_\_\_ Some College

\_\_\_\_\_ 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

## 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 with a résumé.

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.): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# 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:**

Tuition/Fees \_\_\_\_\_  
 Room/Board \_\_\_\_\_  
 Books, Supplies \_\_\_\_\_  
 Transportation \_\_\_\_\_  
 Miscellaneous \_\_\_\_\_  
 Other \_\_\_\_\_  
**TOTAL COSTS** \_\_\_\_\_

**Financial Aid Awards for academic year:**

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 prior to March 8, 2019 to:**

**Nicole Morris  
291 North Porter Street  
Waynesburg, PA 15370**