

PA BPW Foundation Scholarship Application

Deadlines: **November 1 FOR SPRING SEMESTER**
May 1 FOR FALL SEMESTER

www.bpwpa.org

*****THIS APPLICATION MUST BE USED TO BE CONSIDERED. NO OTHER APPLICATIONS WILL BE ACCEPTED. FIVE COPIES OF THIS APPLICATION AND ALL OTHER MATERIALS MUST BE SUBMITTED. Refer to application instructions for details.**

I. PERSONAL DATA

Name: _____
(Last) (First) (Middle) (Maiden)

Present Address: _____
(Number, Street and Box Number)

(City) (State) (Zip)

Email Address: _____

Permanent Address: _____
(Number, Street and Box Number)

(City) (State) (Zip)

Home Phone: _____ Work: _____ Cell: _____

Last 4 digits of Social Security Number: _____ Are you a U.S. Citizen?: _____

Date of Birth: _____ Age: _____

Marital Status: _____ Are you a Military Veteran? Yes _____ No _____

How many dependents will you have during the period covered by this Scholarship Application? Number: _____ Ages: _____ Relationship: _____

Are you a BPW/PA Member? If yes, name of your Local Organization: _____

No _____ If no, would you share your relative's name, relationship, and what local organization that they are affiliated with: _____

Have you been a resident of Pennsylvania for prior two (2) years? Yes _____ No _____

II. EDUCATIONAL PROGRAM FOR WHICH SCHOLARSHIP IS REQUESTED

You must be accepted into a program offered by an accredited post high school educational institution to be eligible for scholarship consideration.

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Official name of the accrediting agency for your school:_____

Your application will be considered **INCOMPLETE** unless the above question is answered. Contact an official at your school for this information if unknown to you.

Name of School:_____

Street Address:_____

City, State & Zip:_____

Financial Aid Office address, as scholarship funds when granted are paid directly to the institution:_____

Student I.D. number:_____

Have you been accepted into the program for which you request funds: Yes___ No___

Field of Study:_____

Specific Degree/Certificate you expect to receive:_____

Will you attend: Part time:_____ Full Time:_____

Date Course or Term is scheduled to begin: Month:_____ Year:_____

When do you expect to complete your course of study?: Month:_____ Year:_____

III. FINANCIAL STATEMENT

Full disclosure is required for consideration. Please use additional sheets if needed.

Current total indebtedness for loan(s):_____

Type of loan(s):_____

Other personal liabilities (please specify):_____

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A. ANTICIPATED INCOME DURING THE YEAR COVERED BY THIS APPLICATION

1. Household Income (yours and others in household)

(a) Yours

(b) Others in Household

Net Wages/Salary _____
(after employment taxes) _____

Interest/Dividends _____

Child Support/Alimony _____

Social Security _____

Disability Payments _____

Welfare _____

Other (specify) _____

TOTAL INCOME _____

2. Assets (yours and others in household)

Checking/Savings Accts \$ _____ \$ _____

Stock/Bonds/Securities _____

Retirement Assets/401(K) _____
(Can you draw on these retirement funds without IRS penalty?) _____

Other (specify) _____

TOTAL ASSETS _____

3. Tuition Reimbursements from employment or other sources:

\$ _____ \$ _____

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If the above assets or income in the household of others are unavailable for your education, please explain why:

B. ANTICIPATED EXPENSES DURING YEAR COVERED BY THIS APPLICATION:

1. Total living expenses: \$ _____
(rent, food, clothing, transportation, etc.)

2. If you have dependents currently enrolled in college or other institutions, what amount do you supply toward their expenses annually? \$ _____

TOTAL LIVING EXPENSES \$ _____

If TOTAL INCOME (A.1. above) and TOTAL ASSETS (A.2. above) is less than ANTICIPATED EXPENSES (B.1. and B.2. above), explain the circumstances that will enable you and the members of your household to meet living expenses during the year: _____

C. ANTICIPATED EDUCATION EXPENSES DURING THE YEAR

1. Tuition \$ _____
2. Room/Board/Rent \$ _____
3. Books, Supplies, etc. \$ _____
4. Transportation \$ _____
5. Child care (for your dependents) \$ _____
6. Other (specify) \$ _____

TOTAL EDUCATION AND RELATED EXPENSES \$ _____

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D. FUNDS AVAILABLE TO YOU FOR YOUR EDUCATION DURING THE YEAR FOR WHICH YOU ARE APPLYING.

1. Funds available to you or deficit from household income after living expenses \$ _____
2. Funds available to you from household assets for your education \$ _____
3. Funds available to you from scholarships grants, loans, bequests or gifts of money that you anticipate receiving, during the year covered by this application \$ _____

TOTAL AVAILABLE FOR EDUCATION \$ _____
TOTAL NEEDED \$ _____
TOTAL REQUESTED \$ _____

Please indicate unusual expenses or other pertinent information concerning your financial assets and obligations which would be helpful to the Scholarship Committee in assessing your need.

List other sources where you have applied for educational assistance and the total amount you have requested. If you have not applied for any educational assistance, please explain why you have not.

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IV. EDUCATIONAL BACKGROUND

You must furnish transcript(s) of all schooling since high school graduation. If you are in high school, please submit most current transcript. **PHOTOCOPIES ARE ACCEPTABLE.** It is advisable to mail these transcripts with your application. You are responsible for ensuring all materials are received no later than the deadline dates.

Check highest educational level achieved to date:

<input type="checkbox"/>	High School Graduate	<input type="checkbox"/>	College/University Degree
<input type="checkbox"/>	Completed GED	<input type="checkbox"/>	Some Business/Technical School
<input type="checkbox"/>	Some College	<input type="checkbox"/>	Other

List in chronological order all schools or training courses you have attended since high school. Please list your attendance dates. **Start with most recent.** Include courses in which you are presently enrolled. Insert extra page if additional space is required. Resumes may be submitted.

V. VOLUNTEER AND PAID EMPLOYMENT

List your work experience in chronological order, starting with most recent. Insert extra pages if additional space is required. Resumes may be attached.

Do you anticipate working while you continue your education? Yes ___ No ___
PT ___ FT ___

Where/Type of employment: _____

Other pertinent information about you, such as honors, awards, etc. that you have received.

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If you are a homemaker re-entering school, please indicate the dates at home and any other information you believe is relevant.

VI. CAREER OBJECTIVES

PLEASE TYPE THE ANSWER TO THE FOLLOWING QUESTION AND ATTACH TO APPLICATION

Discuss, in your own words, your specific short term career goals. How will your proposed education help you to accomplish these goals. Why is this goal important to you in making a difference in today's world?

VII. REFERENCES

Please attach three recommendations with name, address and all contact information for person in support of your application. Letters are accepted from former teachers, school officials, employers, neighbors, friends or other persons not related to you. It is recommended that at least one reference be from an employer or teacher. Letters of recommendations must be no more than one year old at the time of application. Applicants are responsible for ensuring that letters of recommendations are received by the deadline date.

VIII. 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 is signed and dated. I also understand that the application will not be complete until all transcripts since high school are received by the deadline date. It is also my understanding that no materials will be returned and may be destroyed after selection has been made.

SIGNATURE

DATE

*****FIVE (5) COPIES OF THE COMPLETED APPLICATION ALONG WITH FIVE (5) COPIES OF THE THREE LETTERS OF RECOMMENDATION, TRANSCRIPTS, AND ANY ADDITIONAL SUPPORTING MATERIAL MUST BE SUBMITTED AS ONE PACKAGE AND MAILED TO THE INDIVIDUAL LISTED AT THE ADDRESS INDICATED ON THE SCHOLARSHIP APPLICATION INSTRUCTIONS SHEET FOUND ON THE BPW/PA WEBSITE AT www.bpwpa.org, download tab on the left – PA BPW Foundation Scholarship.**

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PA BPW FOUNDATION SCHOLARSHIP APPLICATION **INSTRUCTIONS**

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Laura Whetstone
PA BPW Foundation Vice Chair
P. O. Box 111
Manns Choice, PA 15550
814-623-6971 (home)
814-977-5479 (cell)
Lwhetstone77@gmail.com

Please be sure to include requested transcripts and letters of recommendation. Materials will not be returned.

For the Scholarship Application and deadline dates, please check out www.bpwpa.org, download tab on left.

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