



Business and
Professional
Women/PA

SCHOLARSHIP GRANT APPLICATION
(SCHOLARSHIP APPLICATION DEADLINES ARE AS FOLLOWS:
OCTOBER 1 FOR SPRING SEMESTER
MAY 1 FOR FALL SEMESTER

(This application must be used for your application to be considered.)

I. PERSONAL DATA:

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

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

(City) (State) (Zip)

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

(City) (State) (Zip)

Home Phone: (____) _____ Business:(____) _____ SS#: _____

Are You a 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/PA Member? Yes _____ No _____

If "yes," name of your Local Organization: _____

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

Please list e-mail address if available: _____

II. EDUCATIONAL PROGRAM FOR WHICH SCHOLARSHIP IS REQUESTED:

Note: You must be accepted into a program offered by an accredited educational institution to be eligible for scholarship consideration.

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.

Name of School: _____

Street Address: _____

City, State & Zip: _____

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 this Course of Study? Month _____ Year _____

Student ID number: _____

III. FINANCIAL STATEMENT: (Full disclosure is required for consideration)

Current total indebtedness for loan(s): _____

Type of loan(s): _____

Other personal liabilities (please specify): _____

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 taxes)	\$ _____	\$ _____
Interest/Dividends	_____	_____
Child Support/Alimony	_____	_____
Social Security	_____	_____
Disability Payments	_____	_____
Welfare	_____	_____
Other (specify)	_____	_____
TOTAL INCOME	\$ _____	(Lines 1a + 1b)

2. Assets (yours and others in household)

Checking/Savings Accts.	\$ _____	\$ _____
Stock/Bonds/Securities	_____	_____
Other (specify)	_____	_____
TOTAL ASSETS	\$ _____	(Lines 2a + 2b)

3. **Tuition Reimbursements**

from Employment or
other source: \$ _____ \$ _____

If the above assets or income 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.&2. above), explain the circumstances that will enable the members of your household to meet living expenses during the year: _____

C. ANTICIPATED EDUCATION-RELATED EXPENSES DURING YEAR COVERED BY THIS APPLICATION

- 1. Tuition \$ _____
- 2. Books and supplies _____
- 3. Transportation _____
- 4. Child care (not included on line B.2. above) _____
- 5. Other (specify) _____
- TOTAL EDUCATION-RELATED EXPENSES** \$ _____

D. FUNDS AVAILABLE TO YOU FOR YOUR EDUCATION DURING YEAR COVERED BY THIS APPLICATION

- 1. Fund available to you (or deficit) from household income after living expenses (line A.1. minus line __) \$ _____
- 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 are sure of receiving, during year covered by this application _____
- TOTAL AVAILABLE FOR YOUR EDUCATION** \$ _____
- TOTAL NEEDED** \$ _____
- TOTAL REQUESTED** \$ _____

Please indicate unusual expenses or other pertinent information concerning your financial assets and obligations which would be helpful in assessing your need: _____

List other sources you have applied to for educational assistance and the total amount you have requested. (If you have not applied for any assistance, please explain.): _____

IV. EDUCATIONAL BACKGROUND

You must furnish transcript(s) of all schooling since, but not including, high school. PHOTOCOPIES ARE ACCEPTABLE. It is advisable to mail these transcripts with your application. You are responsible for ensuring that these materials are received no later than the deadline dates.

Check highest educational level achieved:

- | | | | |
|-------|----------------------|-------|---------------------------------------|
| _____ | Some high school | _____ | College/University degree |
| _____ | High school graduate | _____ | Some business/technical school |
| _____ | Completed GED | _____ | Business/technical degree/certificate |
| _____ | Some college | | |

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 page if additional space is required. Do not substitute resume.

Month/Year	Name/Location of Institution	Field of Study	GPA	Degree	Date

V. 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.): _____

VII. REFERENCES

Please list below three persons whom you will request to complete recommendation forms in support of your application. Letters are accepted from former teachers, school officials, employers, neighbors, friends, or other persons not related to you. We recommend that at least 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: _____ Phone: _____

Name: _____
Street Address: _____
City, State, Zip: _____ Phone: _____

Name: _____
Street Address: _____
City, State, Zip: _____ Phone: _____

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.

Signature

Date

This application and all supporting materials must be submitted in triplicate and should be mailed as one package.