

WASHINGTON STATE BUSINESS AND PROFESSIONAL WOMEN'S FOUNDATION EDUCATIONAL SCHOLARSHIPS 2017-2018

ELIGIBILITY REQUIREMENTS

Woman student and a U.S. citizen

- Meet age requirements for specific scholarship or grant
- A resident of Washington State for one or more years except applicant for Military scholarship.
- Officially accepted into a program or course of study at an accredited school in Washington State **or** enrolled in an “online” accredited program accepted as a Washington State Education institution.
- Demonstrate scholastic ability.
- Be in need of financial assistance.
- Submit a copy of official transcript of grades

FOUNDATION SCHOLARSHIPS AVAILABLE:

A completed application and documents must be submitted for each scholarship category you are applying for:

- **Mature Woman Educational Scholarship (\$1,000)** -- Scholarships offered to women age 30 + (by March 15) for retraining or continuing education.
- **Single Parent Scholarship (\$1,000)** -- offered to a single woman, any age, planning to return to school or to continue her education beyond the high school level. She must have one or more dependent children, under 18 years of age, living at home.
- **BPW/WA Past President Memorial Scholarship (\$1,000)** -- awarded to a woman age 30 + (by March 15) in memory of one or more past presidents of Washington State Business and Professional Women.
- **Lulu Fairbanks Memorial Scholarship (\$500.)** -- a scholarship offered to a woman (any age) who plans a career in journalism, communications or related career, in memory of the first Washington State BPW President, Lulu Fairbanks.
- **BPW/WA Member Scholarship (up to \$1,000)** -- awarded to a current Washington State BPW member who is in need of funds to attend an educational program to enhance career or potential advancement opportunity.
- **SAFECO/WSBPWF (\$500)** -- awarded to a woman for advanced degree (Masters or Doctorate).

DESIGNATED FUNDS (funds donated by a BPW local organization, a business or an individual) **A completed application must be submitted for each scholarship category you are applying for.**

- **Southwest Seattle BPW (Eileen Henry Memorial Scholarship) (\$500)** -- Offered to a mature woman in South King County wishing to continue her higher education.
- **Margaret Way Scholarship** -- (\$500) - Offered to a woman, age 30 +, living and planning to attend an accredited school in the Puget Sound area. No restrictions on major of study. Preference will be given to returning students.
- **Diane Lam Minority Woman Veteran Scholarship (\$1,000)** offered to a minority woman veteran re-entering school for skills to land or get back to the job market.
- **Business & Professional Women (BPW/WA) Woman Military Scholarship (\$500)** offered to a female member of the Armed Forces or Veteran 18 years of age or older attending any accredited school in the State of Washington. No restrictions on major of study.

**WASHINGTON STATE BUSINESS & PROFESSIONAL WOMEN'S FOUNDATION
INSTRUCTIONS TO SCHOLARSHIP APPLICANTS**

- Type or print clearly in black or blue ink only.
- Complete 4-page application for each scholarship. **Read and answer all questions completely.**
- Completed application and all related material must be mailed in manila envelope with sufficient postage, postmarked by **May 1, 2017** and received by the committee no later than **May 10, 2017**.

Mail complete signed application to:

**WS Business and Professional Women's Foundation
Attn: Scholarship Committee Chairman B. Healy
3648 44th Ave SW, Seattle, WA 98116-3710**

Incomplete or late applications will not be considered.

Remember to enclose:

- **Signed and dated application form**
- **Signed essay (Career Objective-no less than 150 or more than 500 words) Word count: _____**
- **IRS 1040 and/or any Public Assistance Documents (current)**
- **Financial Aid and college expense estimates**
- **3 current signed & dated letters of recommendation**
- **Transcripts (copy acceptable)**
- **Letter of Acceptance/Proof of enrollment**
- **Name and address of local newspaper for media release.**

- ◆ Scholarship committee will review all applications. Selection of awardees will be made in accordance with requirements of the individual scholarship or grant. Scholarship committee reserves the right to reject any or all applications. Applications will be held confidential. No application materials will be returned.

- ◆ Scholarship committee, upon selection of recipient, will authorize the WSBPWF Treasurer to issue check to the educational institution for the dollar amount of the scholarship to be applied to tuition, fees, and/or supplies. Scholarship may be used any time during the academic year 2017/2018. If funds are not used during the 2017/2018 year, they shall be returned to WSBPW Foundation.

- ◆ Awardees will be notified by mail after reviews are completed. Please do not make inquiries before July 31, 2017. Awardees may be invited to attend a function of the BPW/WA Federation.

**WASHINGTON STATE BUSINESS AND PROFESSIONAL WOMEN'S FOUNDATION
EDUCATIONAL SCHOLARSHIP APPLICATION FOR 2017-2018**

I wish to apply for: _____
Name of Scholarship

• Personal Data

Name: _____
(last) (first) (middle)

Permanent Address: _____

Local address if different: _____

I have resided in Washington State _____ years. (Not applicable if Active Duty Military)

1. Cell Phone: (____) _____ 2. Home Phone: (____) _____

3. E-mail Address _____ 4. Business ph: (____) _____

5. Social Security or School I.D. # _____ 6. Age: ____ 7. Date of Birth: _____

8. Are you a US citizen? ___Yes ___ No

9. Marital Status: ___Single ___Married ___ Divorced ___Widowed

10. Are you a single parent? ___yes ___no

a) How many dependents will you be supporting during this scholarship year? _____ Ages: _____

11. Are you a current member of the BPW organization? _____ Local? _____

EDUCATIONAL PROGRAM FOR SCHOLARSHIP REQUESTED

a) Are you currently enrolled in school? ___yes ___no

b) If not enrolled, are you currently accepted into this school?
___yes (please enclose acceptance letter) ___no ___pending

Type of Educational Institution: Voc/tech Community college 4-yr public College/University 4-year private
College/University

a) Name of School: _____

b) School Mailing Address: _____

- a) Will your academic schedule be full-time or part-time? ___ full-time ___ part-time
 b) If part-time, how many credit hours will you take during the academic year covered by the scholarship: _____

Field of study/major: _____ Type of degree (AA, BA, MA etc.): _____

Starting date of classes: ____/____/____ Completion date ____/____/____

Are you a veteran? Yes _____ No _____ (if yes, which branch?) _____

III. EDUCATIONAL RECORD

Check all levels of education completed to date:

___ High School Diploma/G.E.D. ___ Technical/Vocational Certificate ___ Associate's Degree
 ___ Bachelor's Degree ___ Master's Degree ___ Doctorate

PAID EMPLOYMENT, HOMEMAKING, VOLUNTEER/COMMUNITY EXPERIENCE

List your work/volunteer experience in chronological order, starting with the current or most recent.

DO NOT SUBSTITUTE RESUME`

Dates (from-to)	Job Title	Place of Employment	Job Responsibilities		Salary/Wage
				Full-time Part-time	
				Full-time Part-time	
				Full-time Part-time	
				Full-time Part-time	
				Full-time Part-time	
				Full-time Part-time	

Will you work during this school year? ___ yes, full-time ___ yes, part-time ___ no

CAREER COUNSELING

Where did you find out about the WSBPW Foundation Scholarship Program?

Financial Aid Resource (Library, scholarship book, paper, etc.)

Financial Aid Office or other school reference.

National BPW Foundation website, BPW/WA website, BPW Member Internet search.

What is the most important purpose of this education? (Check only one)

Career advancement

Enter/re-enter job market

New career field

CAREER OBJECTIVE (Essay Section) Please use a separate sheet for essay.

Discuss in 150 word minimum and 500 word maximum, your specific short-term goals and how this proposed training will help you accomplish these goals and make a difference in your professional career. Although answering all the questions on the application is important, your response to this section is considered very carefully when your application is evaluated by the Scholarship Committee. Your application will be considered incomplete if essay is omitted or unsigned. (Word Count _____).

FINANCIAL STATEMENT: PLEASE ENCLOSE THE FOLLOWING:

- A) A copy of your current or future **financial aid packet** from school.
- B) A copy of your current **IRS 1040** or documentation of any Public Assistance you receive.
- C) A copy of **your estimated school expenses** from your college catalogue or other source.

IV ANTICIPATED ANNUAL INCOME:

- 1. Income earned from work solely by applicant \$ _____
- 2. Income earned from work by spouse or other commitment \$ _____
- 3. Untaxed income and benefits: Social Security \$ _____
- 4. Public assistance/welfare \$ _____
- 5. Disability \$ _____
- 6. Cash, savings/checking accounts, stocks, CDs, etc \$ _____
- 7. Child support, Alimony \$ _____
- 8. Income/assistance from extended family \$ _____

TOTAL ANTICIPATED INCOME: (Add lines 1 through 8) \$ _____

ANTICIPATED ANNUAL EXPENSES:

A. Annual Family Living Expenses:

- 9. Mortgage/Rent/Utilities \$ _____
- 10. Food \$ _____
- 11. Clothing \$ _____
- 12. Private Transportation \$ _____
- 13. Public Transportation \$ _____
- 14. Health Care/Insurance \$ _____
- 15. Childcare/Eldercare \$ _____
- 16. Other (explain on reverse) \$ _____

TOTAL ANNUAL LIVING EXPENSES: (Add lines 9 through 16) \$ _____

B. Educational Expenses

- 17. Tuition and Fees \$ _____
- 18. Books and supplies \$ _____
- 19. Other (explain on reverse) \$ _____

TOTAL EDUCATIONAL EXPENSES: (Add lines 17 through 19) \$ _____

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

TOTAL ANNUAL EXPENSES \$ _____

ANTICIPATED FINANCIAL AID FOR 2017-2018 SCHOOL YEAR:

Loans: _____

Scholarships and grants: _____

TOTAL ANTICIPATED FINANCIAL AID \$ _____

V. LETTERS OF RECOMMENDATION

Enclose three (3) letters of recommendation from teachers, school officials, social workers, or other persons not related to you. **Letters of recommendation must be current.**

VI. TRANSCRIPTS AND LETTER OF ACCEPTANCE

Include your most recent. **Copies of transcripts are acceptable.**

Enclose a copy of your acceptance letter to the school you will be attending.

VII. CONDITIONS AND TERMS OF AGREEMENT

Scholarship funds cannot be used for expenses incurred before the period covered by the scholarship grant. Should I be selected as a BPW Foundation Scholarship Recipient, I agree to have my name and photograph used in publicity for the program and will be available to attend a BPW function if requested. I hereby acknowledge that all of the information included in this application packet is true and complete to the best of my knowledge. I understand that this application will not be considered for review unless all requested materials are enclosed and the application is signed and postmarked by **MAY 1, 2017**. I understand that, due to funding limitations, not every eligible applicant will receive an award. I also understand that all applications will be held confidential, and no application material will be returned. As a courtesy to the provider, winners are expected to acknowledge receipt of the scholarship by letter or email to the Scholarship Committee Chairman.

Applications are evaluated on the applicant's documented financial need; precise description of career plans and goals; and academic, employment and/or volunteer record. A majority of applicants who apply for a scholarship meet all eligibility criteria and are deserving of financial assistance; however due to the funding limitations, the Foundation is not able to award scholarships to all eligible applicants. Scholarship recipients will be notified of awards by mail. Please do not make inquiries as to the status of your application before JULY 31, 2017.

<input type="checkbox"/> African American	<input type="checkbox"/> Asian American/ Pacific Islander	<input type="checkbox"/> Hispanic/Latina
<input type="checkbox"/> Native American	<input type="checkbox"/> White/non-Hispanic	
If you are applying for the <u>Diane Lam Woman Minority Veterans Scholarship</u> this box must be completed.		

Signature _____ Date _____

Please review the requirements for the scholarship you wish to receive to be certain that all items have been fully completed.