

**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 **September 22, 2018** and received by the committee no later than **September 28, 2018**.

Mail complete signed application (4 pages) to:

**WS Business and Professional Women's Foundation
Attn: Scholarship Committee Rep. – B. Luddon
165 NW Alta Drive
Bremerton, WA 98310-2166**

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.**
- **Active Duty Status or DD214 if applying for any military scholarship.**

- ◆ 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 2018-2019. If funds are not used during the 2018/2019 year, they shall be returned to WSBPW Foundation.
- ◆ Awardees will be notified by mail after reviews are completed. Please do not make inquiries before September 29, 2018. Awardees may be invited to attend a function of the BPW/WA Federation.

2018-19 WSBPW FOUNDATION SCHOLARSHIP APPLICATION, continued

- 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: _____ 19. Type of degree (AA, BA, MA etc.): _____

Starting date of classes: ___/___/___ 21. 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

2018-19 WSBPW FOUNDATION SCHOLARSHIP APPLICATION, continued

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) | \$ _____ |

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

TOTAL ANNUAL ANTICIPATED FINANCIAL AID \$ _____

ANTICIPATED FINANCIAL AID FOR 2018-2019 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 **September 22, 2018**. 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 SEPTEMBER 29, 2018.

<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.