



Washington State Business and Professional Women's Foundation

SCHOLARSHIP APPLICATION

The Washington State Business and Professional Women's Foundation (WSBPWF) provides scholarships for women attending fully accredited schools of higher education.

Scholarships available for the 2021-2022 academic year:

Mark (☒) all scholarships for which you are applying.

GENERAL SCHOLARSHIPS

- Mature Woman Educational Scholarship (\$1,500.00)*
- Single Parent Scholarship (\$1,500.00)*
- BPW/WA Past President Memorial Scholarship (\$1,500.00)*
- Lulu Fairbanks Memorial Scholarship (\$1,500.00)*

DESIGNATED FUNDS SCHOLARSHIPS (Funds donated by a local organization, a business or an individual.)

- SouthWest Seattle BPW (Eileen Henry Memorial Scholarship (\$1,000.00)*
- Margaret Way Scholarship \$500.00)*
- Emerald City BPW Foundation Scholarship (\$1,000.00)*

BPW/WA MEMBER SCHOLARSHIP (maximum per scholarship \$500.00)

- BPW/WA Member Scholarship (must be a BPW/WA member in good standing)*

General Information

Eligibility Criteria for all applicants:

1. Woman student and a citizen of the United States of America.
2. A resident of Washington State for one or more years.
3. Be entering or continuing a curriculum at an accredited school in the field of study that will advance her career goals.
4. Be in need of financial assistance.
5. Have demonstrated a high scholastic ability.
6. Complete and submit the application and all required materials by deadline date.

Award Process:

- A. All ORIGINAL hardcopy completed applications, with attachments, shall be sent to the Washington State Business and Professional Women's Foundation (WSBPWF) Scholarship Committee at:

**Washington State BPW Foundation
ATTN: Scholarship Committee
860 Southwest 143rd Street
Seattle WA 98166**



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- B. All applications for **General and Designated Funds Scholarships** must be **postmarked** on or by **May 15, 2021** and **received** by **May 25, 2021**.

Note: All applications for **BPW/WA Member Scholarships** must be received by end of each calendar quarter: March 31, June 30, September 30, December 31. For applications and criteria send an email to Member_Scholarship@BPWWAFoundation.org.]

- C. All submitted applications are treated with confidentiality and become the property of the Washington State Business and Professional Women's Foundation. With the exception of the recipient applications, which become part of the annual Foundation records, all others are destroyed after the scholarship year.
- D. WSBPWF Scholarship Committee will review all complete applications. Selection of recipients will be made in accordance with criteria established solely by the WSBPWF Foundation's appointed committee.
- E. Upon selection the WSBPWF Scholarship Committee will voucher and authorize the WSBPWF Treasurer to issue the scholarship award to the named educational institution of the recipient.
- F. Awarded scholarship funds will be mailed to the educational institution stated on the application.
- G. Once funds are received at the named institution, recipient may expend the funds during any term (Fall, Winter, Spring, Summer) within one year of the award date.
- H. The recipient may draw on the funds, as needed for tuition, books, lab fees, and supplies appropriate to the course of study.
- I. Successful recipients will be notified by mail.
- J. Upon request, the recipient will submit a recent black and white photo to the committee for publicity purposes.

The Washington State Business and Professional Women's Foundation Scholarship Committee reserves the right to reject any or all applications that do not meet the requirements stated herein.

**FOR USE ONLY BY THE SCHOLARSHIP COMMITTEE OF WASHINGTON STATE
BUSINESS AND PROFESSIONAL WOMEN'S FOUNDATION**

Application # _____ Date Received _____ Status: _____

Reviewed by: _____ Reviewed by: _____

Reviewed by: _____ BPWWAFUNDATION.ORG



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Applicant's Name: _____

Scholarship/s applying for: _____

SCHOLARSHIP APPLICATION CHECK LIST – Attach All Required Materials

DEADLINE: Application, with required attachments, will not be accepted if postmarked after May 15, 2021, and received after May 25, 2021.

NOTE: Late or incomplete applications will not be accepted.

1. Complete Application:

- Must be legible (typed or printed clearly).
- Initial each page of the application form confirming that you have read and completed the page (bottom right of each page).
- Read Terms of Application Agreement on Page 8 of 8 (last page).
- If you agree to the terms, sign and date your application.
- Submit all eight (8) pages of this application form plus required materials (plus additional pages of 'GOAL' if applying for multiple scholarships).

2. Enclose:

- School Acceptance Letter OR Continuing Education Statement** (as applicable).
- Letters of Recommendation:** Three (3) letters signed and dated within 12 months of the application date.
- Financial Information:**
 - Financial Statement (beginning on Page 7 of the application form)
 - AND**
 - Financial Aid Application (FAFSA)
 - AND**
 - A Signed Copy of the applicant's **2019** IRS 1040 form OR parents 1040 form if applicant is listed as a dependent
- Official Grade Transcripts:** Most recent dependent. [or latest IRS 1040 available, no earlier than 2019] applicable to course of study.
OR GED converted to GPA
- Statement of Career Goals** (100 words or less). [One for each scholarship for which you are applying: ex: applying for Mature Woman Scholarship and SouthWest Seattle BPW Scholarship would require two "Statement of Career Goal"]

3. Mail all required materials:

**Washington State BPW Foundation
ATTN: Scholarship Committee, 860 SW 143rd Street, Seattle WA 98166**

4. Application materials become the property of WSBPWF and will not be returned to applicant.



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Please Type or Print Clearly – Illegible Applications will be Automatically Disqualified.

Applicant's Name: _____

Permanent Mailing Address: _____

Home Telephone: _____ Work/Cell Telephone: _____

Email: _____ Student/School Identification No: _____

Program of Study: _____

- Name of School Attending:

- Address (Street, City, St & Zip):

- Are you now enrolled? Yes **OR** No Start Date: _____

- Are you attending? Full time **OR** Part time?

Provide name and address of local newspaper for media release:

ARE YOU AVAILABLE FOR A PERSONAL INTERVIEW IF NECESSARY? Yes **OR** No

1. STATEMENT OF CAREER GOAL: (100 words or less.):

If multiple scholarships, use a separate page for each Statement of Career Goal.
Heading should include name and of each scholarship.



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2. STATEMENT OF EDUCATION AND FINANCIAL NEED:

(Tell us how your education will help achieve the above goal. The scholarships committee gives careful consideration to an applicant's educational and financial need, as well as academic achievements. Explain why you should be considered for a scholarship. Your response will be considered carefully. Use the open space below or a separate sheet of paper if necessary.)

- a. Do you plan to work during the scholarship year? Yes **OR** No Full time **OR** Part time
- b. Will you receive any reimbursement for education from your employer? Yes **OR** No
- c. Will you receive any financial assistance from your family? Yes **OR** No

3. LIST CURRENT AND PAST EMPLOYMENT:

<u>Position</u>	<u>Employer</u>	<u>Hrs/Wk</u>	<u>Dates of Employment</u>



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4. DESCRIBE YOUR COMMUNITY, SCHOOL, AND VOLUNTEER ACTIVITIES:

5. LIST HONORS OR AWARDS RECEIVED AND LEADERSHIP POSITIONS ACHIEVED:

(Name the organization giving award and date received)

6. EDUCATIONAL BACKGROUND: (Circle highest degree already achieved):

High School Diploma GED Tech School Certificate Assoc. Degree Bachelors Degree

College(s)	Degrees or Fields of Study	Attendance Dates

7. LETTERS OF RECOMMENDATION: Attach three (3) letters from individuals (not family members) who may be a teacher, counselor, neighbor, previous employer, or clergy, etc. Letters are to include the address and phone number of signer and must be **dated within 12 months prior** to the scholarship application.

Name: _____ Relationship: _____ Phone No.: _____

Name: _____ Relationship: _____ Phone No.: _____

Name: _____ Relationship: _____ Phone No.: _____



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8. FINANCIAL STATEMENT: (Full disclosure is required for consideration) If your income is not available for education, attach an explanation. Indicate any unusual expenses and other pertinent information concerning your financial assets and obligations which helps to evaluate your need. Attach any financial documents (i.e., medical statements, child support documents, and financial aid award letters) that support your financial statement. **A signed copy of your most recent application for financial aid (FAFSA) AND THE APPLICABLE 2021 IRS 1040 Tax Form (or 2020 if it is the latest IRS 1040 filed) must be enclosed.** If you do not file a Tax Form, provide an explanation.

1. Anticipated Income For the Scholarship Year:

- a. Income earned from work solely by applicant: \$ _____
- b. Untaxed income and benefits including spousal income if any: \$ _____
- c. Cash, savings, checking, stocks, bonds, etc.: \$ _____
- d. Child support, alimony: \$ _____
- e. Reimbursement from employer \$ _____
- f. Financial assistance from family \$ _____
- g. Other income available to applicant: \$ _____
(Explain) _____

TOTAL OF ALL ANTICIPATED INCOME \$ _____

2. Anticipated Living Expenses For the Scholarship Year:

- a. Rent; Food; Clothing; etc.: \$ _____
- b. Dependent Care: \$ _____
- c. Health Care/Insurance: \$ _____
- d. Other Living Expenses applicable to applicant: \$ _____
(Explain) _____

TOTAL OF ALL ANTICIPATED EXPENSES \$ _____

3. Anticipated Education Related Expenses For the Scholarship Year:

- a. Tuition and Fees: \$ _____
- b. Books and Supplies: \$ _____
- c. Transportation: \$ _____
Public? Private?
- d. Other education expenses applicable to applicant: \$ _____
(Explain): _____

TOTAL OF ALL ANTICIPATED EDUCATION EXPENSES \$ _____



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4. Anticipated Financial Aid For the Scholarship Year: (Identify Source of Each Type of Aid)

- a. Loans: \$ _____
- b. Scholarships: \$ _____
- c. Grants: \$ _____
- d. Other financial aid available to applicant during scholarship year:
(Explain): _____ \$ _____

TOTAL OF ALL ANTICIPATED FINANCIAL AID

\$ _____

5. Summary of Funds Available For Applicant's Education During Scholarship Year:

- a. Income Available after subtracting Living Expenses:
\$ _____
- b. Education Expenses after subtracting Anticipated Financial Aid:
\$ _____

TOTAL OF ALL INCOME AVAILABLE DURING SCHOLARSHIP YEAR

\$ _____

TOTAL FUNDS REQUIRED TO ACHIEVE GOAL DURING SCHOLARSHIP YEAR

\$ _____

TERMS OF APPLICATION AGREEMENT

I hereby certify all the information included in this application is true and complete to the best of my knowledge. I understand this application packet will not be considered for review unless all required material is enclosed and the application is initialed on each page, signed and dated. I understand this application will be held as confidential but no application, or supplemental documentation, will be returned. I also understand not every eligible applicant will receive a scholarship.

Applicant's Signature: _____ Date: _____

No application will be accepted after May 25, 2021 (postmarked on or before May 15, 2021)
INCOMPLETE OR LATE APPLICATIONS WILL NOT BE CONSIDERED