

**Business and Professional Women of Iowa Foundation  
Application for Educational Scholarship Award 2018-2019**

**\*DEADLINE: Must be postmarked by MARCH 12, 2018 to be considered.**

**Requirement: Application, Transcripts, and References must be submitted simultaneously by March 12.**

Name of Applicant \_\_\_\_\_ Telephone(\_\_\_\_) \_\_\_\_\_

Current Mailing Address: Street/POB \_\_\_\_\_

City, state, zip \_\_\_\_\_ E-mail \_\_\_\_\_

Are you a United States Citizen? Yes \_\_\_\_\_ No \_\_\_\_\_ Are you a BPW Member? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you previously received a BPW Educational Scholarship Award? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please list the date and the amount received. Date (m) \_\_\_\_\_ (y) \_\_\_\_\_ Amount \$ \_\_\_\_\_

Which educational institution do you plan to attend? \_\_\_\_\_

Location: \_\_\_\_\_

What is your anticipated graduation date? Date \_\_\_\_\_ / \_\_\_\_\_ What is your major? \_\_\_\_\_

For what occupation are you training? \_\_\_\_\_

Please provide the following information:

· High School Name \_\_\_\_\_

· High School Location \_\_\_\_\_ Graduation date (M/Y) \_\_\_\_\_

· List institutions of higher learning attended (if any):

· School M/Y graduation (if applicable) Degree (if applicable) Credits attained

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

· List honors received: \_\_\_\_\_

· List credits you have accumulated in the current year (indicate semester or quarter) \_\_\_\_\_

· List school and/or community activities in which you are involved: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Financial Needs for One Academic Year-2018-2019**

Last Name \_\_\_\_\_, First Name \_\_\_\_\_

<u>Expenses</u>		<u>Income</u>	
Tuition/Fees	\$ _____	Applicant's After Tax Wages	\$ _____
Spouse's Tuition/Fees	_____	Miscellaneous Income	
Books/Supplies	_____	a) child support	_____
Child Care	_____	b) spousal support	_____
Housing/Food	_____	Spouse's After Tax Wages	_____
Utilities	_____	Social Security Benefits	_____
Transportation	_____	Scholarship Funds	_____
Medical/Dental	_____	Loan Funds	_____
Miscellaneous Expenses: <b>List below</b>		Veteran Benefits	_____
_____	_____	Unemployment Benefits	_____
_____	_____	Savings	_____
_____	_____	Vocational Rehabilitation	_____
_____	_____	Aid from family	_____
		Aid from Spouse's Family	_____
<b>Total Yearly Expenses</b>	\$ _____	<b>Total Yearly Income</b>	\$ _____

Explain Miscellaneous Expense Listed: \_\_\_\_\_

List the total number of individuals that you are responsible for supporting including self. \_\_\_\_\_

**Personal Goal Statement**

Submit a paragraph about your personal goals that includes the following:

1. Reason(s) you should receive a BPW Educational Scholarship Award.
2. How you expect to use this training.
3. Other pertinent information the Educational Scholarship Committee should know.

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**REQUIREMENT: Application, Transcripts, and References must be submitted simultaneously by March 12.**

- **NOTE: To be eligible for this scholarship, the applicant must:** 1. Complete this application in its entirety, 2. Supply a copy of official transcripts from any accredited institutions of higher learning attended (Transcripts if stamped "Issued to Student" are acceptable.), and 3. Submit three (3) letters of reference from **non-family members--one each from an employer, a teacher, and a community leader.**

Mail/email application, transcript, and references to: **DiAnne Lerud-Chubb, Chair**  
**BPW/Iowa Foundation Educational Scholarship Program**  
**2429 Gnahn Street, Burlington, IA 52601**  
**lerud2@mchsi.com**

Application and documents **must** be emailed or postmarked by **MARCH 12, 2018**, to be considered for 2018-2019 scholarship awards.