

**Iowa Business and Professional Women Foundation Application  
for Educational Scholarship Award 2019-2020**

**DEADLINE\*:** Must be postmarked or emailed by MARCH 29th, 2019 to be considered.

**\*Requirement: Application, Transcripts, and References must be submitted simultaneously by March 29.**

*To complete electronically, download/save this form to your computer, open with Acrobat Reader, click Tools in toolbar, then click Fill and Sign. Save your completed form and then attach the completed form (and transcripts and letters of reference) to an email or print to mail to our contact.*

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-2019-2020**

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:** To be eligible for this scholarship, the applicant must:

1. Complete this application in its entirety,
2. Provide a copy of official transcripts from any accredited institutions of higher learning attended  
(Transcripts if stamped "Issued to Student" are acceptable.)
3. Submit three (3) letters of reference from non-family members--one each from an employer, a teacher, and a community leader.
4. Submit Application, Transcripts, and References simultaneously by March 29.

Mail/email application, transcript, and references to: **Charla Schmid, Co-chair**  
**Iowa BPW Foundation Educational Scholarship Program**  
 1890 215th St.  
 Red Oak, IA 51566-6013

[charla\\_schmid@hotmail.com](mailto:charla_schmid@hotmail.com)

Application and documents must be emailed or postmarked by **MARCH 29, 2019**, to be considered for 2019-2020 scholarship awards.