

Business and Professional Women of Iowa Foundation
Application for Educational Scholarship Award—2017-2018
***DEADLINE: Must be postmarked by MARCH 1, 2017 to be considered.**

(Please print clearly)

Name of Applicant _____ Telephone(____) _____

Current Address _____
_____ 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? _____

What is your anticipated graduation date? Date _____ / _____ What is your major? _____

What is the type of occupation for which you are training? _____

Are you single? _____ Married? _____ Separated? _____ Divorced? _____ Widowed? _____

Do you have children? Yes _____ No _____ If yes, what are their ages? _____

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

Spouse's name (if applicable)? _____ His/her occupation? _____

Please provide the following information:

High School Name _____
High School Location _____ Graduation date (M/Y) _____
List High School Honors you received: _____

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-2017-2018

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: List below		Veteran Benefits	_____
_____	_____	Unemployment Benefits	_____
_____	_____	Savings	_____
_____	_____	Vocational Rehabilitation	_____
_____	_____	Aid from family	_____
		Aid from Spouse's Family	_____
Total Yearly Expenses	\$ _____	Total Yearly Income	\$ _____

Explain Miscellaneous Income/Expense Listed: _____

Have you applied, or do you plan to apply, for any other scholarship awards/grants? Yes _____ No _____

If yes, please list the scholarships applied for and the amounts. _____

Personal Goal Statement

Briefly **PRINT** a paragraph about your personal goals (**not to exceed 6 lines**) that includes the following:

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

- **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, teacher, and community leader.

Mail applications and above list of documents 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 1, 2017**, to be considered for 2017 scholarship awards.