



**BUSINESS AND PROFESSIONAL WOMEN'S
FOUNDATION OF MARYLAND, INC.**

**SCHOLARSHIP
APPLICATION**

Application Form

APPLYING FOR THE _____ SCHOLARSHIP

Have you been recipient of a BPW Scholarship? Yes No If yes, when? _____

1. PERSONAL DATA

Name: _____
 First Middle Maiden Last

Present Address: _____

Permanent Address (If different): _____

Please notify us of address changes

Home Phone: _____ Work Phone: _____

Social Security Number: _____

Place of Birth: _____ Date of Birth: _____

Marital Status: Single Married Sep/Div/Widow

Ages of each of your dependent children: _____

Other Dependents: _____

Where did you learn about the scholarship? _____

II. EDUCATIONAL PROGRAM FOR WHICH SCHOLARSHIP IS REQUESTED

A. Name of Maryland Academic Institution: _____

Address: _____

Date course or term is scheduled to begin: Month _____ Year _____

B. Description of training or education to be undertaken: _____

Degree or certification to be received: _____

Will you attend: Part time _____ Full time _____

How many hours per semester? _____

When do you expect to complete the course of study? _____

III. FINANCIAL INFORMATION

A. Applicant's Income

Total household income, as reported on your most recent tax return: \$ _____

B. Educational Expenses per Semester:

Tuition	\$	Semester hours x cost per credit
Fees	\$	
Books and supplies	\$	
Transportation	\$	
Childcare	\$	
Total Expenses	\$	

C. Other Sources of Financial Aid

Did you receive Financial Assistance last year? Yes No

If "Yes," please complete the following:

Source	Amount
Pell	
State	
Institutional	
Private	
Other	

Have you applied for Financial Assistance this year? Yes No

D. Amount Applicant expects to contribute towards her education \$ _____

E. Total Financial Assistance Needed:

Total Expenses	
Less Financial Aid	
Assistance Needed for Educational Expenses	

IV. EDUCATIONAL BACKGROUND

A. Check the highest educational level achieved:

Some High School _____ College Graduate _____
High School Graduate _____ Graduate School _____
GED/EDP _____ Business or Technical School _____
Some College _____

Name of Institution and type of Program: _____

B. Degrees Diplomas and Certificates

List in chronological order all schools or training courses you have attended since high school. Insert extra page if additional space is required. Please do not substitute resume.

Year From To	Name of Institution and Location	If Graduated, Field of Study	If Not Graduated. Number of Credits Completed	GPA

V. WORK EXPERIENCE:

List your work experience since high school or for the last six years, starting with the most recent. Insert extra page if additional space is needed. A chronological resume may be substituted.

Dates from to	Job Title	Salary	Name of Employer And Location	Full (F) or Part Time (P)

VI. COMMUNITY SERVICE AND VOLUNTEER EXPERIENCE

A. Summarize volunteer work and /or community service activities within the past five years. Please indicate whether any of these has influenced your career choice. Attach a separate page if needed.

Activity	Approximate number of hours/year

C. Are you planning to work while you continue your education?

Yes: Part time Full time No:

VII. PERSONAL STATEMENT

On a separate sheet, please discuss in 200 words or less how you expect the proposed training or education to add to your opportunities for advancement or employment.

I certify to the best of my knowledge the information contained in this application is true and correct. I also permit the Scholarship Committee to contact any source listed in this document. I understand that the application will not be considered unless it is signed and dated.

Signature of Applicant

Date