



Wenatchee Business and Professional Women Mature Woman Continuing Education Scholarship

Wenatchee Business and Professional Women are committed to helping women in Chelan and Douglas Counties better themselves through education. We are pleased to offer the Wenatchee Business and Professional Women Mature Woman Continuing Education Scholarship program to support those enrolled or planning to enroll in a post secondary training or education program.

Criteria For Scholarship:

1. Women age 25 and over living in Chelan and Douglas Counties
2. Desire to complete or embark on a professional or technical training program
3. Minimum of high school diploma or GED completed
4. Funds are to be used for tuition at a post secondary school or training program
5. Must be enrolled or accepted into post secondary school or training program
6. You do not need to be a member of BPW

Application Requirements:

1. **Application** - Complete the Business and Professional Women of Wenatchee Mature Woman Continuing Education Scholarship application.
2. **Recommendation Forms** - Two personal and/or professional references. *Forms completed by relatives will not be accepted.*
3. **Unofficial Transcripts or Acceptance Letter** - If currently attending school, include a copy of your unofficial transcripts. If you are not currently enrolled in a training/education program please include a copy of your acceptance letter.
4. **Personal Career Objectives Essay** – Provide an overview of your educational goals, explain how this scholarship will enable you to achieve your career objectives.
5. **Return completed application materials to:**
Mail: (MUST BE POST MARKED BY MAY 31, 2018)
Wenatchee BPW
c/o Scholarship Committee
PO Box 2492
Wenatchee, WA 98807

Email: Info@bpwwen.org

6. **APPLICATION DEADLINE – MAY 31, 2018**
7. **Incomplete and late applications will NOT be considered.**



Wenatchee Business and Professional Women
Mature Woman Continuing Education Scholarship

2018-2019 SCHOLARSHIP APPLICATION

About You:

Name: _____ Date of Birth _____

School I.D. # _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

Marital Status: Single Married Divorced Separated Widowed

Are you a single parent? Yes No

Number of dependents you will be supporting during the 16-17 school year? _____

Dependent ages: _____

Are you currently a member the BPW Organization: Yes No

About Your Education:

What is your highest level of education completed?

- High School Diploma Technical/Vocational Certificate/Associate's Degree
- Bachelor' Degree Master's Degree Doctorate

Are you currently enrolled in a school or training program? Yes No

If not currently enrolled are you accepted into a school or training program?

- Yes *(Please include a copy of you acceptance letter with this application)*
- No
- Pending

Type of Educational/Training Institution

- Vocational/Technical Community College 4-Year Public College/University
- 4-Year Private College/University

Name of School/Training Program: _____

School/Training Program Address: _____

Will you attend full or part time?

- Full-time
- Part-Time How many credits will you take during the academic year that will be covered by the scholarship? _____

Intended Major or field of Study _____

Type of Degree (AA, BA, MA, Certification etc.) _____

What is the most important purpose of this education? (Check only one)

- Career Advancement Enter/Re-Enter the Workforce New Career Field



**Wenatchee Business and Professional Women
Mature Woman Continuing Education Scholarship**

List your work and volunteer experience in chronological order, starting with the current or most recent.

Dates(from-to)	Job Title	Place of Employment	Job Responsibilities	Salary/Wage
				<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time
				<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time
				<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time
				<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time
				<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time

Will you work during this school year? _____yes, _____full-time yes, _____part-time no

ANTICIPATED ANNUAL INCOME/ASSETS FOR THE SCHOOL YEAR:

1. Income earned from work solely by applicant \$ _____
2. Income earned from work by spouse or other commitment \$ _____
3. Untaxed income and benefits: Social Security \$ _____
4. Public assistance/welfare \$ _____
5. Disability \$ _____
6. Cash, savings/checking accounts, stocks, CDs, etc \$ _____
7. Child support, Alimony \$ _____
8. Income/assistance from extended family \$ _____
9. **TOTAL ANTICIPATED INCOME:** (Add lines 1 through 8) \$ _____

ANTICIPATED ANNUAL EXPENSES DURING THE SCHOOL YEAR:

Annual Family Living Expenses:

10. Mortgage/Rent/Utilities \$ _____
11. Food \$ _____
12. Clothing \$ _____
13. Private Transportation \$ _____
14. Public Transportation \$ _____
15. Health Care/Insurance \$ _____
16. Childcare/Eldercare \$ _____
17. Other (explain) _____ \$ _____
18. **TOTAL ANNUAL LIVING EXPENSES:** (Add lines 10 through 17) \$ _____

B. Educational Expenses

19. Tuition and Fees \$ _____
20. Books and Supplies \$ _____
21. Other (explain) _____ \$ _____
22. **TOTAL EDUCATIONAL EXPENSES:** (Add lines 19 through 21) \$ _____

23. If you have dependents currently enrolled in college or other institutions, what amount do you supply for their expenses annually? \$ _____

TOTAL ANNUAL EXPENSES (Add lines 18, 22 & 23) \$ _____

ANTICIPATED FINANCIAL AID FOR 2018-2019 SCHOOL YEAR:

Loans: _____

Scholarships and grants: _____

TOTAL ANTICIPATED FINANCIAL AID

\$ _____



CAREER OBJECTIVE

(Essay Section) Please use a separate sheet for essay.

Discuss in 500 words or less your specific short-term goals and how this proposed training will help you accomplish these goals and make a difference in your professional career. Although answering all the questions on the application is important, your response to this section is considered very carefully when your application is evaluated by the Scholarship Committee. Your application will be considered incomplete if essay is omitted or unsigned.

PLANS AFTER COMPLETION

X. CONDITIONS AND TERMS OF AGREEMENT

Scholarship funds cannot be used for expenses incurred before the period covered by the scholarship grant. Should I be selected as a BPW Foundation Scholarship Recipient, I agree to have my name and photograph used in publicity for the program and will be available to attend a BPW function if requested.

I hereby acknowledge that all of the information included in this application packet is true and complete to the best of my knowledge.

I understand that this application will not be considered for review unless all requested materials are enclosed and the application is signed and postmarked by **MAY 31, 2018.**

I understand that, due to funding limitations, not every eligible applicant will receive an award. I also understand that all applications will be held confidential, and no application material will be returned.

As a courtesy to the provider, winners are expected to acknowledge receipt of the scholarship by letter or email.

Applications are evaluated on the applicant's documented financial need; precise description of career plans and goals; and academic, employment and/or volunteer record.

A majority of applicants who apply for a scholarship meet all eligibility criteria and are deserving of financial assistance; however due to the funding limitations, the Foundation is not able to award scholarships to all eligible applicants.

Scholarship recipients will be notified of award status by mail. Please do not make inquiries as to the status of your application before July 31, 2018.

I hereby acknowledge that all the information included in this application is true and complete to the best of my knowledge.

SIGNATURE _____ **DATE** _____



PERSONAL RECOMMENDATION FORM

APPLICANT'S NAME & ADDRESS

APPLICANT'S SCHOOL & MAJOR

HOW LONG HAVE YOU KNOWN APPLICANT?

COMMENTS RELEVANT TO APPLICANT'S QUALITY OF ACADEMIC WORK.

WHAT EXCEPTIONAL ABILITIES DOES APPLICANT POSSESS?

TO WHAT DEGREE DO YOU RECOMMEND THIS APPLICANT FOR A SCHOLARSHIP?

Outstanding Excellent Above Average Average

PLEASE USE BACK OF FORM FOR ADDITIONAL REMARKS REGARDING APPLICANT

SIGNATURE: _____	PHONE _____
PRINTED NAME _____	DATE _____
BUSINESS & TITLE _____	
ADDRESS _____	

Please return to applicant

or

email to info@bpwwen.org or mail to Wenatchee BPW, P O Box 2492, Wenatchee 98807

Deadline: May 31, 2018



Wenatchee Business and Professional Women
Mature Woman Continuing Education Scholarship

PERSONAL RECOMMENDATION FORM

APPLICANT'S NAME & ADDRESS

APPLICANT'S SCHOOL & MAJOR

HOW LONG HAVE YOU KNOWN APPLICANT?

COMMENTS RELEVANT TO APPLICANT'S QUALITY OF ACADEMIC WORK.

WHAT EXCEPTIONAL ABILITIES DOES APPLICANT POSSESS?

TO WHAT DEGREE DO YOU RECOMMEND THIS APPLICANT FOR A SCHOLARSHIP?

Outstanding Excellent Above Average Average

PLEASE USE BACK OF FORM FOR ADDITIONAL REMARKS REGARDING APPLICANT

SIGNATURE: _____	PHONE _____
PRINTED NAME _____	DATE _____
BUSINESS & TITLE _____	
ADDRESS _____	

Please return to applicant

or

email to info@bpwwen.org or mail to Wenatchee BPW, P O Box 2492, Wenatchee 98807

Deadline: May 31, 2018