

#### SCHOLARSHIP APPLICATION

The Washington State Business and Professional Women's Foundation (WSBPWF) provides scholarships for women attending fully accredited schools of higher education.

## Scholarships available for the 2024-2025 academic year:

Mark (☑) all scholarships for which you are applying.

Mature Woman Educational Scholarship (\$1,500.00)
Single Parent Scholarship (\$1,500.00)
BPW/WA Past President Memorial Scholarship (\$1,500.00)
Lulu Fairbanks Memorial Scholarship (\$1,500.00)
Doris Groth Troxel Memorial Scholarship (\$2,000.00)
SouthWest Seattle BPW (Eileen Henry Memorial Scholarship (\$1,000.00)
Margaret Way Scholarship (\$1,000.00)
Emerald City BPW Foundation Scholarship (\$1,500.00)
Wenatchee Mature Woman Scholarship (\$1,250.00)
South Puget Sound BPW Legacy Scholarship (\$1,000.00)

## **General Information**

## **Eligibility Criteria for all applicants:**

- 1. Female student
- 2. A citizen of the United States of America.
- 3. A resident of Washington State for one or more years.
- 4. Be entering or continuing a curriculum at an accredited school in the field of study that will advance her career goals.
- 5. Be in need of financial assistance.
- 6. Have proven a high scholastic ability.
- 7. Complete and submit the application and all required materials by deadline date.

## **Award Process:**

A. All ORIGINAL hardcopy completed applications, with attachments, shall be sent to the Washington State Business and Professional Women's Foundation (WSBPWF) Scholarship Committee at:

Washington State BPW Foundation ATTN: Scholarship Committee 14545 38<sup>th</sup> Ave NE Lake Forest Park, WA 98155

B. All applications for **Scholarships** must be **received** by **June 1, 2024**.



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- C. Submitted applications, and supporting documents, are considered confidential and become the property of the Washington State Business and Professional Women's Foundation. Applications of non-awardees will be destroyed after the scholarship year.
- D. Upon request, recipients will submit a recent photo to the committee for publicity purposes (newspaper, newsletter, website, etc.).
- E. WSBPWF Scholarship Committee will evaluate all complete application documents. The selection of scholarship recipients will be made in accordance with criteria established solely by the WSBPW Foundation's appointed committee.
- F. Upon selection of awardees, the WSBPWF Scholarship Committee will authorize the WSBPWF Treasurer to issue the scholarship funds to the named educational institution of the recipient.
- G. Awarded scholarship funds will be mailed to the educational institution stated on the application.
- H. Once funds are received at the named institution, recipient may expend the funds during any term (Fall, Winter, Spring, Summer) within one year of the award date.
- I. The recipient may draw on the funds, as needed for tuition, books, lab fees, and supplies identifiable to the course of study.
- J. Successful recipients will be notified by email.

The Washington State Business and Professional Women's Foundation Scholarship Committee reserves the right to reject any or all applications that do not meet the requirements stated herein.

FOR USE ONLY BY THE SCHOLARSHIP COMMITTEE OF WASHINGTON STATE BUSINESS AND PROFESSIONAL WOMEN'S FOUNDATION			
Application #	Date Received		Status:
Reviewed by:		Reviewed by: _	
Reviewed by:		WSBP	WFOUNDATION.ORG



### **SCHOLARSHIP APPLICATION**

Appl	Applicant's Name:			
Scholarship/s applying for:				
	SCHOLARSHIP APPLICATION CHECK LIST — Attach All Required Materials			
		<u>DEADLINE:</u> Application, with required attachments, will not be accepted		
		after June 1, 2024.  NOTE: Late or incomplete applications will not be accepted.		
4				
1.	_	Complete Application:		
	_	Must be legible (typed or printed clearly).		
	Ц	Initial each page of the application form confirming that you have read and completed the page (bottom right of each page).		
		Read Terms of Application Agreement on Page 8 of 8 (last page).		
		If you agree to the terms, sign and date your application.		
		Submit all eight (8) pages of this application form plus required materials		
2.		Enclose: School Acceptance Letter OR Continuing Education Statement (as applicable).		
		Letters of Recommendation: Three (3) current letters signed and dated.		
		Financial Information:  □ Financial Aid Application (FAFSA)  OR		
		☐ Financial Statement (beginning on Page 7 of the application form)  AND		
		A <u>Signed Copy</u> of the applicant's <b>2023</b> IRS 1040 form OR parents' 1040 form if Applicant is listed as a dependent		
		Official Grade Transcripts: Most recent dependent. applicable to course of study. or_GED converted to GPA		
		Statement of Career Goals (100 words or less).		
3.		Mail all required materials: Washington State BPW Foundation ATTN: Scholarship Committee 14545 38 <sup>th</sup> Ave NE Lake Forest Park, WA 98155		
4.	apı	Application materials become the property of WSBPWF and will not be returned to plicant.		



### **SCHOLARSHIP APPLICATION**

## <u>Please Type or Print Clearly – Illegible Applications will be Automatically Disqualified.</u>

Applicant's Name:	
Permanent Mailing Address:	
Home Telephone:	Work/Cell Telephone:
Email:	Student/School Identification No:
Program of Study:	
<ul><li>Address of School (Street, C</li><li>Are you now enrolled?</li></ul>	o or presently attending
	f local newspaper for media release:
ARE YOU AVAILABLE FOR A PERSOI	NAL INTERVIEW IF NECESSARY?  Yes <b>OR</b> No

1. STATEMENT OF CAREER GOALS: (100 words or less.):



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2. STATEMENT OF EDUCATION AND FINANCIAL NEED: [No more than or
--

(Tell us how your education will help achieve the above goals. The scholarships committee gives careful consideration to an applicant's educational and financial need, as well as academic achievements. Explain why you should be considered for a scholarship. Your response will be considered carefully. Use the open space below or a separate sheet of paper if necessary.)

### 3. LIST CURRENT AND PAST EMPLOYMENT OR INCLUDE A CURRENT RESUME:

<u>Employer</u>	<u>Hrs/Wk</u>	<u>Dates of Employment</u>
	Employer	Employer Hrs/Wk



### SCHOLARSHIP APPLICATION

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4. DESCRIBE YOUR COMMUNITY, SCHOOL, AND VOLUNTEER ACTIVITIES: (if not on resume)			
<ol><li>LIST HONORS OR AWARDS RECEING resume)</li></ol>	IVED AND LEADERSHIP POSITIO	ONS ACHIEVED: (if not on	
(Name the organization giving award	l and date received)		
6. EDUCATIONAL BACKGROUND: [1	f not on resumel (Circle highest	degree already achieved):	
6. <u>EDUCATIONAL BACKGROUND:</u> [If not on resume] (Circle highest degree already achieved): High School Diploma GED Tech School Certificate Assoc. Degree Bachelors Degree			
College(s)	Degrees or Fields of Study	Attendance Dates	
7. LETTERS OF RECOMMENDATION	I. Attach three (3) current lette	rs from individuals (not family	
members) who may be a teach		,	
Letters are to include the address	· · · · · · · · · · · · · · · · · · ·		
Name:	Relationship:	Phone No.:	
Name:	Relationship:	Phone No.:	
Name:	Relationship:	Phone No.:	



#### **SCHOLARSHIP APPLICATION**

8. FINANCIAL STATEMENT: (Full disclosure is required for consideration) If your income is not available for education, attach an explanation. Indicate any unusual expenses and other pertinent information concerning your financial assets and obligations which helps to evaluate your need. Attach any financial documents (i.e., medical statements, child support documents, and financial aid award letters) that support your financial statement. A signed copy of your most recent application for financial aid (2024-2025 academic year FAFSA) OR THE APPLICABLE 2023 IRS 1040 Tax Form must be enclosed. If you do not file a Tax Form, provide an explanation.

### SCHOLARSHP YEAR IS THE ACADEMIC YEAR 2024-2025

1.	An	ticipated Income For the Scholarship Year:	
	a.	Income earned from work solely by applicant:	\$
	b.	Income from spouse or any untaxed income:	\$
	c.	Cash, savings, checking, stocks, bonds, etc.:	\$
	d.	Child support, alimony:	\$
	e.	Reimbursement from employer	\$
	f.	Financial assistance from family	\$
	g.	Other income available to applicant:	
		(Explain)	\$
		TOTAL OF ALL ANTICIPATED INCOME	\$
2.	<u>An</u>	ticipated Living Expenses For the Scholarship Year:	
	a.	Rent; Food; Clothing; etc.:	\$
	b.	Dependent Care:	\$
	c.	Health Care/Insurance:	\$
	d.	Other Living Expenses applicable to applicant:	
		(Explain)	<u> </u>
		TOTAL OF ALL ANTICIPATED EXPENSES	\$
3.	An	ticipated Education Related Expenses For the Scholarship Year	• •
	a.	Tuition and Fees:	\$
	b.	Books and Supplies:	\$
	c.	Transportation:	
		Public? Private?	\$
	d.	Other education expenses applicable to applicant:	
		(Explain):	\$\$
		TOTAL OF ALL ANTICIPATED EDUCATION EXPENSES	\$



### **SCHOLARSHIP APPLICATION**

4.	<u>An</u>	ticipated Financial Aid For the Scholarship Year: (Identify Source of	of Each Type of Aid)		
	a.	Loans:	\$		
	b.	Scholarships:	\$		
	c.	Grants:	\$		
	d.	Other financial aid available to applicant during scholarship year:			
		(Explain):	\$		
		TOTAL OF ALL ANTICIPATED FINANCIAL AID			
		\$			
		*			
5.	Su	mmary of Funds Available For Applicant's Education During Schola	rship Year:		
	a.	Income Available after subtracting Living Expenses:			
	\$ <u> </u>				
	р. \$	Education Expenses <u>after subtracting</u> Anticipated Financial Aid:			
	٧				
TOTAL OF ALL INCOME AVAILABLE DURING SCHOLARSHIP YEAR					
	\$				
	TOTAL FUNDS REQUIRED TO ACHIEVE GOAL DURING SCHOLARSHIP YEAR				
		\$			
		TERMS OF APPLICATION AGREEMENT			
		by certify all the information included in this application is true and o	· · · · · · · · · · · · · · · · · · ·		
		edge. I understand this application packet will not be considered for			
		al is enclosed and the application is initialed on each page, signed a			
		ation will be held as confidential but no application, or supplementa ed. I also understand not every eligible applicant will receive a schol			
eı	um	ed. Talso understand not every eligible applicant will receive a schol	arsnip.		
Δр	plic	ant's Signature: D	ate:		
		No application will be accepted after June 1, 202	<u> 24.</u>		

INCOMPLETE OR LATE APPLICATIONS WILL NOT BE CONSIDERED