



Washington State Business and Professional Women's Foundation

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 2025-2026 academic year:

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

- Mature Woman Educational Scholarship (\$3,000.00)*
- Single Parent Scholarship (\$3,000.00)*
- BPW/WA Past President Memorial Scholarship (\$3,000.00)*
- Lulu Fairbanks Memorial Scholarship (\$3,000.00)*
- 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 (\$2,000.00)*
- 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. Demonstrate financial need.
6. Have proven a 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 38th Ave NE
Lake Forest Park, WA 98155

- B. All applications for **Scholarships** must be received by **May 1, 2025**.



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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. 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.
- E. 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.
- F. Awarded scholarship funds will be mailed to the educational institution stated on the application.
- G. 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.
- H. The recipient may draw on the funds, as needed for tuition, books, lab fees, and supplies identifiable to the course of study.
- I. 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: _____ Reviewed by: _____

WSBPWFFOUNDATION.ORG



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Applicant's Name: _____

Scholarship/s applying for: _____

SCHOLARSHIP APPLICATION CHECK LIST – Attach All Required Materials

DEADLINE: Application, with required attachments, will not be accepted after May 1, 2025.

NOTE: Late or incomplete applications will not be accepted.

1. **Complete Application:**

- Must be legible (typed or printed clearly).
- 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:** Two (2) current letters (within 24 months) signed and dated.
- Financial Information:**
 - Financial Aid Application (FAFSA)
 - OR**
 - Financial Statement (beginning on Page 7 of the application form)
 - AND**
 - A Signed Copy of the applicant's **2024** 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
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Lake Forest Park, WA 98155

4. **Application materials become the property of WSBPWF and will not be returned to applicant.**



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Please Type or Print Clearly – Illegible Applications will be Automatically Disqualified.

Applicant's Name: _____

Permanent Mailing Address: _____

Home Telephone: _____ Work/Cell Telephone: _____

Email: _____ Student/School Identification No: _____

Program of Study: _____

- Name of School accepted to or presently attending _____
- Address of School (Street, City, St & Zip): _____
- Are you now enrolled? Yes **OR** No Start Date: _____
- Are you now attending? Full time **OR** Part time?

ARE YOU AVAILABLE FOR A PERSONAL INTERVIEW IF NECESSARY? Yes **OR** No

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



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2. STATEMENT OF EDUCATION AND FINANCIAL NEED: *[No more than one page]*

(Tell us how your education will help achieve the above goals. The scholarships committee considers 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>Position</u>	<u>Employer</u>	<u>Hrs/Wk</u>	<u>Dates of Employment</u>



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4. **DESCRIBE YOUR COMMUNITY, SCHOOL, AND VOLUNTEER ACTIVITIES: (if not on resume)**

5. **LIST HONORS OR AWARDS RECEIVED AND LEADERSHIP POSITIONS ACHIEVED: (if not on resume)** _____ *(Name the organization giving award and date received)*

6. **EDUCATIONAL BACKGROUND:** [If not on resume] (Circle highest degree already achieved):
High School Diploma GED Tech School Certificate Assoc. Degree Bachelor's Degree

College(s)	Degrees or Fields of Study	Attendance Dates

7. **LETTERS OF RECOMMENDATION:** Attach two (2) current letters from individuals (not family members) who may be a teacher, counselor, neighbor, previous employer, or clergy, etc. Letters are to include the address and phone number of the signer.

Name: _____ Relationship: _____ Phone No.: _____

Name: _____ Relationship: _____ Phone No.: _____



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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 (2025-2026 academic year FAFSA) OR THE APPLICABLE 2024 IRS 1040 Tax Form must be enclosed.** If you do not file a Tax Form, provide an explanation.

SCHOLARSHIP YEAR IS THE ACADEMIC YEAR 2025-2026

1. **Anticipated 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: _____
- (Include educational loans) _____ \$ _____

TOTAL OF ALL ANTICIPATED INCOME \$ _____

2. **Anticipated 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) _____ \$ _____

TOTAL OF ALL ANTICIPATED EXPENSES \$ _____

3. **Anticipated 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 \$ _____



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4. Anticipated Financial Aid For the Scholarship Year: (Identify Source 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 (*add b, c, and d only*) \$ _____

5. Summary of Funds Available for Applicant's Education During Scholarship Year:

- a. Income Available after subtracting Living Expenses: \$ _____
- b. Education Expenses after subtracting Anticipated Financial Aid: \$ _____

TOTAL OF ALL INCOME AVAILABLE DURING SCHOLARSHIP YEAR \$ _____

TOTAL FUNDS REQUIRED TO ACHIEVE GOAL DURING SCHOLARSHIP YEAR \$ _____

TERMS OF APPLICATION AGREEMENT

I hereby certify all the information included in this application is true and complete to the best of my knowledge. I understand this application packet will not be considered for review unless all required material is enclosed, SIGNED, and dated. I understand this application will be held as confidential but no application or supplemental documentation will be returned. I also understand not every eligible applicant will receive a scholarship.

Applicant's Signature: _____ Date: _____

No application will be accepted after May 1, 2025.
INCOMPLETE, UNSIGNED, OR LATE APPLICATIONS WILL NOT BE CONSIDERED