



River City Business & Professional Women’s Foundation, Inc.
SCHOLARSHIP APPLICATION

Eligibility

Grants may be awarded to candidates who meet the following criteria:

- Women 25 years of age or older by July 1.
• U.S. citizen and resident of the Louisville metropolitan area.
• Evidence of acceptance into an accredited program.
• Need financial assistance to complete education or upgrade skills.
• Applicants need not be BPW members or require endorsement of a BPW affiliate.

NOTE: Please type or print all information. If you print, use black or blue ink and block letters. The application must be completed in its entirety in all aspects to be considered.

BPW Scholarship Information

Have you ever applied for a BPW Scholarship? Yes ___ No ___ Date ___
Have you received a BPW Scholarship? Yes ___ No ___ Date ___ Amount ___
Is this application for: College tuition ___ Workshop ___ Seminar ___ Trade School ___
Other ___ (please specify) _____

Personal Information

Name ___
First Middle Last
Address _____
City _____ State ___ ZIP _____
Home Phone _____ Business Phone _____
Birth Date _____ Marital Status: Single ___ Married ___ Separated ___
Children: List by sex and age. _____

Attach a copy of your Student Aid Report from the Federal Student Aid Application.

Education Program for which Scholarship is Required

Name of School: _____

Address: _____

Degree or certificate you expect to receive: _____

Field of study: _____ Will you attend: Part-time ___ Full-time ___

Date course, or term, is scheduled to begin: _____

When do you expect to receive your degree, certificate, etc? _____

List all scholarships and grants for the coming academic year for which you are eligible for and have accepted or will apply: _____

Financial Statement

Please provide complete financial information for the year covered by this scholarship application:

Anticipated Income

Your wages and salary _____

Spouse's wages and salary _____

Interest and dividends _____

Child support/maintenance _____

Social Security/Disability _____

Scholarships/Grants _____

Employer Tuition Assistance _____

Welfare benefits _____

Other (please specify below) _____

Total \$ _____*Anticipated Expenses*

Rent/Mortgage _____

Car/Transportation _____

Food _____

Dependent care _____

Medical _____

Credit card payments _____

Utilities _____

Children's education _____

Other (please specify below) _____

Total \$ _____

Employment History

List your employment history, beginning with your current position and listing, in order, previous employment:

Position Title _____
Company _____
Responsibilities _____
Pay scale _____ Hours worked per week _____ Length of time at job _____

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Company _____
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Essay

Include an essay on your goals and the field you chose for a career.

References

List three persons who will submit letters of recommendation to support your application. Letters are acceptable from teachers, school officials, employers, friends, or persons other than family who can supply information on the criteria below:

- a. Capacity in which they have observed you and length of time they have known you.
- b. Their evaluation of your past academic, employment or volunteer record.
- c. Their judgment of your ability to undertake and complete your training.
- d. Their relationship to you.
- e. Any other information, which would assist the Selection Committee.

Name _____ Title _____
Company _____ Phone _____
Address _____ City _____ State ____ ZIP ____

Name _____ Title _____
Company _____ Phone _____
Address _____ City _____ State ____ ZIP ____

Name _____ Title _____
Company _____ Phone _____
Address _____ City _____ State ____ ZIP ____

Letters of recommendation must be no more than one year old at the time of application. **All letters of recommendation must be postmarked no later than the annual application deadline of May 30.** Applicants are responsible for insuring that letters of recommendation are postmarked by the deadline date. Late letters will not be accepted.

Acknowledgement of Information

I certify that to the best of my knowledge, the information contained in this application is true and correct. I understand that the information provided herein is subject to verification and any discrepancies may result in disqualification. I understand that the application will not be completed until all three letters of recommendation are received, postmarked no later than the deadline date.

Signed _____ Date _____

All applicants who apply by May 30 will be notified of the Committee's decision by June 30. Please return the completed application and required attachments:

- Goals
- Accredited program acceptance letter
- Reference letters
- Completed application

Mail the packet to:

River City BPW Foundation, Inc. / PO Box 35154 / Louisville, KY 40232-5154.