

ALABAMA FEDERATION BPW/USA

Career Enhancement Scholarship Application

I. PERSONAL DATA:

A. Name: _____
Last First MI Maiden

B. Current Address: _____
Street Apt.

City State Zip Code

C. Permanent Address: _____
Street Apt.

City State Zip Code

D. Phones: () _____ () _____
Home Business

E. Local Organization: _____ Member of BPW since: _____

F. Date of Birth: _____ Age: _____ (MUST BE AT LEAST 25 YEARS OLD)

G. Employment: _____
Occupation Company Name

H. Marital Status: _____
Single Married Divorced Widowed

I. Number of dependents living with you? _____ Ages: _____

J. If married, husband's occupation: _____

K. Does your company require this course for continued employment or advancement? _____

L. Does your company have an educational reimbursement policy? _____

M. If Yes to questions K or L, please explain in detail: _____

II. EDUCATIONAL PROGRAM:

You must be officially accepted into a program offered by an accredited educational institution to be eligible for scholarship consideration.

A. Name of: _____
School Course Seminar

B. Date Course/Program is scheduled to begin: _____
Month Year

C. How long is this training/program? _____

D. Is this for a degree/certification? _____ Explain: _____

E. Nature of Course/Program: _____

F. Please explain how this continued education will benefit your life and career: _____

G. Will you continue to work during this time: _____
Part-Time Full-Time

III. FINANCIAL DISCLOSURE:

A. Full Cost of Course/Program: _____
Tuition Books Other

B. Anticipated Income (Family): _____

C. List any unusual expenses that you are responsible for: _____

D. Briefly explain why assistance is needed: _____

E. Have you ever received a Career Enhancement Scholarship before? _____

F. If Yes, please describe: _____

G. Is this a continuation of the original need? _____ Please use additional pages as necessary for full detail.

IV. REFERENCES:

A. Name of Local Organization President: _____

B. Please attach a recommendation letter from your Local BPW President confirming:

- You are a member in Good Standing within BPW;
- Years of Membership and Participation Record; and
- Support from Local given to Scholarship Fund.

C. Other attachments required:

- A letter confirming requirements for course/program from your employer; and
- A letter confirming need from someone other than a family member.

V. AGREEMENT:

I certify that to the best of my knowledge the information contained in this application is true and correct. I understand that this application will not be considered for review unless it is signed and dated. I also understand that it will not be considered unless all information is complete.

I am applying for the deadline:

- September 15_____ Notification will be by December 15
- April 15_____ Notification will be by July 15

I understand that no funds will be awarded until after the meeting of the Selection Committee.

I would like the funds to be sent to:

- Name of School:_____
 - Address:_____
- Street Address
- _____ () _____
- City State Zip Code Phone

I agree to submit a copy of grades and/or certification to Scholarship Chairman upon completion.

- Date of Completion:_____

I understand that I can only apply once within an organization year.

Signature:_____

Print Name:_____

Date:_____

For the application to be considered:

- All information must be filled out completely;
- The form must be signed; and
- All requested and/or additional information must be attached.

Return application and attachments to: