

**KANSAS BUSINESS AND PROFESSIONAL WOMEN'S  
EDUCATIONAL FOUNDATION, INC.**

**SCHOLARSHIP APPLICATION**

**INSTRUCTION PACKET**

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**All applications are available and reviewed without discrimination on the basis of race, color, national origin, sex or handicap.**

## Types of Scholarships and Criteria

### **Must be a high school graduate at the time the scholarship funds are disbursed, and meet other criteria:**

**UNDERGRADUATE SCHOLARSHIP** – available to an incoming college freshman, sophomore, junior or senior enrolled in a four-year academic program at an accredited college or university.

**ELSIE BORCK HEALTH CARE SCHOLARSHIP** – available to an individual who is at least a college freshman, and is obtaining a degree (i.e. an associate degree or above) to practice in Kansas in one of the health professions.

**DENA NIGUS MEMORIAL SCHOLARSHIP** – available to a college junior, senior, or graduate student, who is preparing to teach in Kansas. Special consideration is given to persons preparing to teach special education.

### **May be enrolled in high school and college classes concurrently:**

**CAREER PREPARATORY SCHOLARSHIP** – is available to an individual enrolled in a one- or two-year academic/career/vocational/technical program that will qualify them for immediate employment or transfer to a four-year undergraduate program.

**CAROL NIGUS LEADERSHIP SCHOLARSHIP** – is available to an individual who is enrolled in a Kansas school of higher education and has demonstrated an extensive record of public and community service, with outstanding leadership potential. **The applicant must provide a written summary of their involvement in community affairs.**

### **The following scholarships have additional requirements. May be in the work force—not necessarily attending college classes at the time of application:**

**CAREER DEVELOPMENT SCHOLARSHIP** – is available to an individual who has a career and wants to broaden her/his education and/or increase her/his earning ability.

**MARA CRAWFORD PERSONAL DEVELOPMENT SCHOLARSHIP** – is available to a woman who is already in the workforce and has a desire to better herself and her family. The applicant must have graduated from high school more than five years or have a GED previous to applying for this scholarship. The applicant may be seeking a degree in any field of study and may be attending a four-year, two-year, vocational or technological program. Preference will be given to applicants who demonstrate that they have serious family responsibilities and obligations.

**DR. SHARON WIBER YOUNG CAREERIST SCHOLARSHIP** – available to a Young Careerist, person 21-35 years of age who is pursuing subjects that increase employability skills. Preference is given to members of BPW Kansas.

**DR. LEWANN SCHNEIDER INDIVIDUAL DEVELOPMENT SCHOLARSHIP** – available to an individual who has completed the BPW Individual Development course. It may be used to update or continue their career through education, attend a seminar or workshop, or to attend the Kansas BPW conferences or state convention. **The applicant must provide proof of completion of the Individual Development course by providing a certificate of completion &/or a course agenda.**

**HALL OF FAME SCHOLARSHIP PROGRAM** – Criteria and availability are determined on year-to-year basis.

## THE PROCESS

1. **THE SCHOLARSHIP APPLICATION IS AVAILABLE UNDER THE FOUNDATION TAB ON THE BPW/KS WEBSITE THIS MAY BE REPRODUCED, OBTAINED FROM THE KANSAS BPW EDUCATIONAL FOUNDATION BOARD OF DIRECTORS, OR FROM THE KANSAS BPW WEBSITE.**
2. Each local organization president or member at large should publicize the availability of scholarships through the Kansas BPW Educational Foundation, Inc. in an attempt to secure applicants.

3. The local organization distributes the applications as requested and informs the applicants that all applications should be returned to the local organization by **DECEMBER 31 OR EARLIER**.
4. The applicant sponsor must check the applications to determine if the applicants meet the criteria for the scholarship(s) marked on the application. The sponsor investigates the applicant's character, scholastic ability, and financial need. After it has been determined that the qualifications have been met, the sponsor signs the application(s). **APPLICATION MUST BE MAILED TO THE PRESIDENT OF THE KANSAS BPW EDUCATIONAL FOUNDATION BY THE FEBRUARY 1<sup>ST</sup> DEADLINE.**
5. The applicant sponsor will complete an application checklist for each application submitted. The checklist must be attached to the **front of the original copy** when mailed to the Kansas BPW Educational Foundation President. This checklist will be useful for the applicant sponsor and the President of the Foundation when determining if the application is complete.
6. An applicant submits one application and may apply for more than one scholarship by marking the appropriate boxes on the lower half of the first page of the application. **The applicant must meet all the criteria of the scholarship they have marked and complete all requirements on the application.**
7. The applicant sponsor may submit as many qualified applications as approved. The applicant sponsor must sign the Sponsor's statement on the bottom of the *Financial Needs Form* of each approved application.
8. Applicants may be of any gender, race or ethnic background, unless required by a scholarship criteria.
9. Applicants may receive only one award during the current year. They may apply again in subsequent years.
10. The applicant sponsor must make **SIX (6)** copies of the original application. The **ORIGINAL APPLICATION and FIVE (5) COPIES** are to be sent to the president of the Kansas BPW Educational Foundation, Inc. **POSTMARKED ON OR BEFORE THE DEADLINE OF FEBRUARY 1<sup>ST</sup>**. The applicant sponsor keeps one (1) copy of the application for its files.
11. Any applications postmarked after the February 1<sup>st</sup> deadline will be disqualified and **NOT** considered for any scholarships.
12. The Kansas BPW Educational Foundation Board of Directors selects the recipients from the applications submitted. Awardees are announced after selection.
13. All applicants, and their sponsors, are notified as soon as possible after the selection has been made of their status in the competition by the President of the Board of Directors of the Foundation.
14. The recipients should plan to attend the Foundation banquet in conjunction with a Kansas BPW function held each year. The Foundation will provide the recipient's meal. **Recipients will be expected to make a brief speech.**
15. Immediately following the annual Foundation election at the Kansas BPW State Convention, the President of the Foundation will write the recipients and the sponsor, introducing the Board of Directors for the New Year, giving addresses for each.
16. Sponsors should keep in contact with scholarship recipients and should invite them to join BPW. **REMINDER: SUBMIT ONLY QUALIFIED APPLICATIONS BY FEBRUARY 1<sup>ST</sup> DEADLINE.**

### PROCEDURE FOR RECEIVING SCHOLARSHIPS

1. The recipient shall confirm enrollment plans with the treasurer of the Kansas BPW Educational Foundation, Inc. by May 1 for summer classes, August 1 for fall classes, or as soon thereafter as possible by having the college/university verify the recipient's enrollment. Upon verification of enrollment, a check will be sent to the recipient.
2. Recipient must provide to the treasurer of KBPWEF updated addresses (mail and email) and phone numbers to facilitate the transfer of funds and verification of enrollment.

**KANSAS BUSINESS AND PROFESSIONAL WOMEN'S EDUCATIONAL FOUNDATION, INC.**

**SCHOLARSHIP  
APPLICATION CHECKLIST**

*Place a checkmark or X in the space next to each item when completed. Remember to attach this checklist to the front of the original copy of the application. Only one application checklist is needed for each applicant. Check the appropriate box on the application for each scholarship for which the applicant is applying.*

**Qualifications:**

- \_\_\_\_\_ Applicant will be a High School Senior and qualifies to apply for the undergraduate scholarship, **or**  
 \_\_\_\_\_ Applicant is a High School graduate and qualifies for the scholarships for which applied or  
 \_\_\_\_\_ Applicant is taking dual High School and College Credit and qualifies for the scholarships for which applied

**Instructions for Completion of Application by Applicant**

- \_\_\_\_\_ 1. Please type (or print in ink) the application, (remember to mark scholarships for which applying)  
 \_\_\_\_\_ 2. Complete Financial Needs Form  
 \_\_\_\_\_ 3. Résumé (Typed) Maximum of two pages. If sophomore or above in college, do not include high school activities.  
     Please include the following:  
     a) Education: Schools and dates attended, degree(s) received, graduation date(s) and grade point average.  
     b) Employment experience: Employer's name and address, type of work, dates of employment.  
         Please start with current employer.  
     c) Academic honors or awards received;  
     d) Other honors or awards received;  
     e) Current and past memberships in organizations;  
     f) Current and past extracurricular activities.
- \_\_\_\_\_ 4. Personal Bio – **No more than three (3) double-spaced typed pages.**  
 Please include information that would help the scholarship committee know you better. (Why you are applying; career goals; reason(s) field of study selected. If you are re-entering school, include any circumstances that are factor(s). List the school you plan to attend and why. What makes you uniquely qualified for this scholarship ?
- \_\_\_\_\_ 5. Copy of ALL school transcripts. Include a transcript for each institution listed on résumé (may be from institution's student website)  
 \_\_\_\_\_ 6. Carol Nigus Summary, if applicable  
 \_\_\_\_\_ 7. Submit completed application and supporting information to sponsor for approval.

**Instructions for Completion of Application by Sponsor**

- \_\_\_\_\_ 1. Review the application to ensure all pages are complete, in order and all places for signatures are signed.  
 Applications out of order or not typed will receive lower scores.  
**NEATNESS COUNTS!**
- \_\_\_\_\_ 2. Complete and sign the Applicant sponsor's statement (bottom of Financial Needs Form).  
 \_\_\_\_\_ 3. Assemble the original pages of the Application in the following order: Application form, Financial **Needs Form, résumé, personal bio, all school transcripts, Carol Nigus Summary if applicable. DO NOT send endorsements, letters of recommendations, etc.**
- \_\_\_\_\_ 4. Make six copies of all pages listed in #3 above. Attach the Application Check List **only** to the original pages of the Application  
 \_\_\_\_\_ 5. Send the **original and five (5) copies** to the President of the Kansas BPW Educational Foundation by February 1<sup>st</sup>. Any application postmarked after the February 1<sup>st</sup> deadline will not be considered.  
 \_\_\_\_\_ 6. Keep one (1) copy of the checklist and application for the sponsor's files.

KANSAS BUSINESS AND PROFESSIONAL WOMEN'S EDUCATIONAL FOUNDATION, INC.  
**APPLICATION FOR SCHOLARSHIPS**

*PLEASE TYPE OR PRINT IN INK*

APPLICANT'S NAME \_\_\_\_\_ BIRTH DATE \_\_\_\_\_

PRESENT ADDRESS \_\_\_\_\_

PERMANENT ADDRESS \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

MARITAL STATUS: Married \_\_\_ Divorced \_\_\_ Separated \_\_\_ Single \_\_\_ Widowed \_\_\_

CURRENTLY I AM A: High School Senior \_\_\_ (HS) My Graduation or GED Date is/was (Mo/Yr) \_\_\_\_\_  
College Freshman \_\_\_ College Sophomore \_\_\_ College Junior \_\_\_ College Senior \_\_\_  
Graduate Student \_\_\_ Other \_\_\_ Explain \_\_\_\_\_

FIELD OF STUDY \_\_\_\_\_ ANTICIPATED COLLEGE GRADUATION DATE \_\_\_\_\_

ANTICIPATED DEGREE/CERTIFICATION \_\_\_\_\_

How did you hear about these scholarships? \_\_\_ Newspaper \_\_\_ Internet/Facebook \_\_\_ BPW Member \_\_\_ Other  
If other, please explain \_\_\_\_\_

**PLEASE MARK WITH AN 'X' ALL FOR WHICH YOU ARE APPLYING**

- Undergraduate Scholarship
- Career Development Scholarship
- Dena Nigus Memorial Scholarship
- Career Preparatory Scholarship
- Dr Sharon Wiber Young Careerist Scholarship
- Elsie Borck Health Care Scholarship
- Carol Nigus Leadership Scholarship
- Dr. LewAnn Schneider Individual Development Scholarship
- Mara Crawford Professional Development Scholarship
- Other \_\_\_\_\_

**Financial Needs Form**

**This form is to be submitted with the Scholarship Application**

Name: \_\_\_\_\_ School Planning to Attend: \_\_\_\_\_

(Please use the back of this sheet or a blank page if more space is needed to complete your answers to the following questions)

1. Are you claimed as a dependent on someone else's income tax return? (Circle one) YES NO  
Please explain - \_\_\_\_\_  
\_\_\_\_\_
2. If married, Spouse's name \_\_\_\_\_ Occupation \_\_\_\_\_
3. If you have dependents, please list names, ages and relationship to you of each dependent.  
\_\_\_\_\_  
\_\_\_\_\_
4. If you are eligible for benefits such as social security, GI Bill, SSI, War Orphans, etc, please list all, including amount received. \_\_\_\_\_  
\_\_\_\_\_
5. If you have applied for other financial aid, such as grants, loans, work-study, other scholarships, please list all, including amounts \_\_\_\_\_  
\_\_\_\_\_
6. Estimated cost of post-secondary education for the school year for which you are applying? \_\_\_\_\_  
(Include all educational costs you expect to incur during the year of the award.)
7. Amount of the above educational expenses you anticipate to be able to provide through your current sources of income \_\_\_\_\_. Please list the sources and estimated amounts of income you expect to have to use towards your education \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
8. Other important information regarding your financial status: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**The information provided is true to the best of my knowledge.**

**Applicant Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

SPONSORING LOCAL BPW ORGANIZATION OR BPW Member \_\_\_\_\_

APPLICANT SPONSOR'S STATEMENT:

I have checked this application and recommend it to the Kansas BPW Educational Foundation, Inc for consideration.

Sponsor's Signature: \_\_\_\_\_ Phone Number \_\_\_\_\_

Address: \_\_\_\_\_ E-mail Address \_\_\_\_\_  
Street, City, Zip Code