# Belmont Club of Women

## Vocational Grant Award Program

# GENERAL INFORMATION

The Belmont Club of Women was formed in 1928 with the purpose to promote the welfare of rural women in our communities. While the “rural” nature of the area is no longer as prevalent as in 1928, the Club has continued to reach out in service to both men and women in the communities of Louisa, Orange and Spotsylvania counties. The Belmont Club of Women is committed to the betterment and growth of its community and people. Job growth and development are vital to the community’s health and continued vitality.

## The Award

The Belmont Club of Women is pleased to announce a GRANT, specifically targeting both graduating seniors and adult learners, who are pursuing NON-DEGREE certification in a vocational field such as but not limited to, building trades, skilled trades, culinary arts, childcare or cosmetology. The applicants must be residents of Louisa, Orange or Spotsylvania County. The winner will receive $1000, which must be used exclusively for training at a technical institution, community college or trade school. Additional consideration will allow this money to be released to a local business for expenses related to an apprenticeship. All monies will be sent directly to the institution or business.

## Eligibility

Awards will be made based on the following evaluation criteria:

* References
* Stated Work Ethic
* Financial Need

## APPLICATION AND SELECTION PROCEDURE

A completed application with accompanying references must be provided to the Belmont Club of Women via email or postmarked no later than March 31, 2026. The application may also be submitted via the student’s guidance office as well. The selection committee, which is comprised of representatives from the Club, will notify the recipient as well as all other applicants by April 15, 2026.

*The Belmont Club of Women (BCOW) does not and shall not discriminate based on any applicable protected classification including but not limited to, race, color, religion, (creed), gender, gender expression, age, national origin (ancestry) disability, marital status, sexual orientation or military status, in any of its activities. These activities include but are not limited to, advertising for available scholarships/grants, selection of scholarship/grant recipients, and the provision of related services. BCOW is committed to providing an inclusive and welcoming environment for applicants and the scholarship/grant recipient.*

# The Belmont Club of Women

# Vocational GRANT Application

I. PERSONAL INFORMATION

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Complete Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

II. ACADEMIC INFORMATION

High School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Year Diploma or GED Awarded (please circle): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What are your educational and career goals? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What is your plan for achieving them? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What school or training program do you plan to attend? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you been accepted? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

III. WORK INFORMATION

List any work experience and include a list of your responsibilities. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Do you have any personal paid or unpaid experience in the field you want to study? If yes, please list.

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Please describe your personal work ethic. For example, the importance of showing up at work on time, working hard while there, explaining absences, following directions, completing given jobs, getting along with others? (OPTIONAL-Complete the attached self-evaluation form)

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IV. ADDITIONAL INFORMATION

Are any of the following financial resources available for your continuing education?

1. Parents and other relatives \_\_\_\_ yes \_\_\_ no

2. Your own money \_\_\_\_ yes \_\_\_ no

3. Paid internship or apprenticeship \_\_\_\_ yes \_\_\_ no

4. Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are there special circumstances that we should consider when reviewing your application?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What is one thing you are very proud of having accomplished? (In school, in your family, in your community, or in your church). Please tell us about it.

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PLEASE READ AND SIGN THE STATEMENT BELOW.

Note that if you are selected to receive a Belmont Club of Women vocational grant you will be required to provide us with contact information for your vocational program or business of choice and specific instructions on how to submit our check directly to the program or business.

*I certify that, to the best of my knowledge, the information contained in this document is correct and complete. I give permission to the Belmont Club of Women to verify this information. I understand that the money I’m being rewarded is only for application to my tuition, books and or supplies/equipment necessary to enter or participate in the program of my choice.*

## SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Submit your completed application, optional self-evaluation if applicable and three references no later than March 31, 2026 to your school’s guidance office or submit directly to [mozephone817@gmail.com](mailto:mozephone817@gmail.com). Please note: Only **one** reference may be a family member. If you are emailing the application packet, an electronic signature is acceptable. Mailed applications must be postmarked by the deadline and may be sent to:

BCOW Scholarship Committee

c/o Maureen Howard, Chairperson

5507 Dogwood Tree Lane

Mineral, VA 23117

For further information, please contact:

Maureen Howard

[mozephone817@gmail.com](mailto:mozephone817@gmail.com)

410-428-0968

# Belmont Club of Women

## Vocational GRANT Employment Self-Evaluation (OPTIONAL)

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Job Title/Description: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Company/Work Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Year(s) of Employment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Directions: Answer the following questions about your skills related to (past or current) job performance. Circle the correct answer.**

1. Do you attend work on time?

Always Sometimes Never

2. Do you give notice and explain absences if possible?

Always Sometimes Never

3. Do you put forth effort to complete assigned tasks on time?

Always Sometimes Never

4. Do you work well with your coworkers?

Always Sometimes Never

5. Do you follow directions, especially rules pertaining to safety?

Always Sometimes Never

# Belmont Club of Women

## Vocational Grant Application-Personal/Professional Reference

Applicant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Person Completing the Form: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to the Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How many years have you known the applicant? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Directions: Please complete all sections IN BLUE INK and SIGN and DATE at the bottom of the form before returning to the applicant. Only one reference may be a family member.**

I. **Interpersonal Skills**

* Follows instructions Always Sometimes Never
* Asks for help as needed Always Sometimes Never
* Accepts feedback Always Sometimes Never
* Gets along well with others Always Sometimes Never

II. **Time Management Skills**

* Punctual Always Sometimes Never
* Completes tasks on time Always Sometimes Never
* Works productively Always Sometimes Never
* Good attendance Always Sometimes Never

III. **Character Traits**

* Flexible Always Sometimes Never
* Reliable Always Sometimes Never
* Persists through problems Always Sometimes Never
* Hardworking Always Sometimes Never

**IV. Please use the space below to provide any other relevant information you feel the scholarship committee should know about the applicant.**

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**Signature: ---------------------------------------------------------------**

**Date: ---------------------------------------------------------------------**