

OREGON BUSINESS AND PROFESSIONAL WOMEN'S FOUNDATION
P O BOX 133
ROSEBURG OR 97470

INSTRUCTIONS TO APPLICATIONS

Before applying, please read these instructions very carefully. Be sure that you meet the eligibility criteria and that you can fulfill the scholarship requirements.

Fill out the application form completely. Type or print clearly in black or blue ink. Please note that your application will not be considered for review unless the application, as well as all supporting material, is postmarked by January 15 for spring term, April 15 for summer and fall terms and September 15 for winter terms. In fairness to all, no exceptions will be granted. Incomplete applications cannot be considered. No materials will be returned.

Applications must meet the following criteria in order to be eligible:

* Applicants must be U.S. citizens.

* Applicants must be officially accepted into a program of study at an accredited U. S. Institution.

* Applicants must be receiving a degree or certificate at the conclusion of their studies.

* Applicants must be acquiring marketable skills that will increase their economic security.

* Applicants must be entering the work force after they receive their degree or certificate.

* Applicants must be full time students at an accredited U. S. Institution. Part time students (must be enrolled the equivalency minimum of 6 quarter hours) may be eligible for the scholarship if they have completed at least 45 hours in their defined program of study at an accredited U. S. Institution.

Applicants who do not meet the above criteria will not be considered.

BPW scholarships do not cover study at the doctoral level or correspondence courses.

Scholarships are awarded for a one year period to cover tuition, fees, and other related expenses such as books. Scholarships cannot be used for expenses incurred before the one year period covered by the application.

No cover letter is necessary. Be sure to keep a copy of your application *and supporting documentation* in case the original is lost in the mail. Be sure to enclose a stamped self-addressed postcard if you would like to receive acknowledgment that your application was received. Your application will not be acknowledged without the post card. If you do not receive a postcard within two weeks of mailing your application, call 541-672-5820.

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Letter of Recommendation

Letter of Recommendation form for applicants for Oregon Business and Professional Women's Foundation Scholarship. Please return this recommendation to the applicant for enclosure with her application. Letters of recommendation must be postmarked by January 15 for spring term, April 15 for summer and fall terms and September 15 for winter terms. Applications will not be considered complete until all supporting materials are received.

Please type or print clearly.

Name of Applicant _____
(Last) (First) (Middle)

To be completed by Recommender:

Name _____

Position or Title _____

Address: _____

Please comment on the following:

1. Capacity in which you have observed the applicant and length of time you have known her.
2. Your evaluation of applicant's past academic, employment or volunteer record.
3. Your judgment of applicant's ability to undertake and complete her training.
4. Your evaluation of applicant's career potential.
5. Any other information that would assist the Selection Committee.

Use the reverse side of the form if necessary.

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PLEASE TYPE OR PRINT ALL INFORMATION - ALL QUESTIONS MUST BE ANSWERED

Have you ever been a recipient of a scholarship through the BPW Foundation?

no yes If so, when _____

1. PERSONAL DATA:

Name: _____
(Last) (First) (Middle) (Maiden)

Present address _____
(Number and Street)

(City) (State) (Zip)

Permanent address:
Where you can always be reached

(Number and Street)

(City) (State) (Zip)

Home Phone: (____) _____ Business Phone (____) _____

Cell Phone: (____) _____

Social Security Number _____

Are you a U. S. Citizen? Yes No

Date of Birth _____

Marital Status: Single Married Separated Divorced Widow

If married: Husband's occupation _____

How many dependents will you be supporting, excluding yourself, during the year covered by this BPW scholarship application:

Children _____ Adults _____

2. EDUCATION PROGRAM FOR WHICH SCHOLARSHIP IS REQUESTED:

Have you been accepted into the program for which funds are requested Yes No

Name of School: _____

Address: _____
(Number and Street) (City, State and Zip code)

Field of Study _____

Specific Degree/certificate you expect to receive _____

Will you attend: Full Time Part-time

Date course or term for which funds are requested is scheduled to begin:

Month _____ Year _____

When do you expect to receive your degree/certificate. _____

APPLICATION

1. Income: (Yours and, if married, your husband's)

Husband

Net wages and Salary (after taxes)	_____	_____
Interest and Dividends	_____	_____
Child Support /Alimony	_____	_____
Disability Payments (explain)	_____	_____
Welfare	_____	_____
Other (explain)	_____	_____
TOTAL ASSETS	_____	_____
Assets (Yours and, if married, your husband's)	_____	_____
Savings Accounts	_____	_____
Other (explain)	_____	_____
TOTAL ASSETS	_____	_____

2. ANTICIPATED EXPENSES DURING THE YEAR COVERED BY THIS SCHOLARSHIP

Total Living Expenses	_____
Rent	_____
Food	_____
Clothing	_____
Transportation	_____
Childcare	_____
If you have dependents currently enrolled in College or other institutions what amount do you supply toward their expenses annually?	_____
TOTAL EXPENSES	_____

3. ANTICIPATED EDUCATION RELATED EXPENSES DURING THE YEAR COVERED BY THIS SCHOLARSHIP

Tuition and fees	_____
Books	_____
Transportation	_____
Childcare (needed because of studies)	_____
Other (explain)	_____
TOTAL EDUCATIONAL EXPENSES	_____

4. FUNDS AVAILABLE TO YOU FOR YOUR EDUCATION DURING THE YEAR COVERED BY THIS SCHOLARSHIP

Funds available to you from income and assets _____
 Funds available to you from scholarships grants, loans, bequests, or gifts of money that you are sure of receiving in the year covered by this application _____

5. TOTAL REQUESTED _____

If your income or assets are not available for your education, please explain: (use additional sheets if necessary). List other sources you have applied to for educational assistance and how much you have requested. (If you have not applied for assistance, please explain.)

Please indicate any unusual expenses or other pertinent information concerning your financial assets and obligations which would be helpful in assessing your need: (use additional sheets if necessary).

EDUCATIONAL BACKGROUND:

If you are not currently enrolled in an educational institution, you must furnish a transcript from the last educational institution you attended. If you are currently enrolled, you must furnish a transcript from your present institution. **PHOTOCOPIES ARE ACCEPTABLE** It is advisable to mail these transcripts with this application. You are responsible for ensuring that these materials are postmarked no later than the deadline dates.

Check highest educational level achieved:

- some high school
- high school graduate/completed GED
- some college
- college or university degree
- some business/technical school
- business or technical degree certificate

List in chronological order, starting with the most recent, all schools or training courses you have attended since high school (use additional sheets if necessary)

Month/Year (from-to)	Name/location	Field of study	GPA	Degree	Date Degree received anticipated

Homemaking, volunteer and paid employment:

List your work experience in chronological order, starting with the most recent. Insert extra pages if additional space is required. **DO NOT SUBSTITUTE RESUME.**

Dates (from-to)	Job Title	Place of Employment	Job Responsibilities	Salary (yearly)

Will you work while you continue your education?

- Yes No Part-time Full-time

What counseling have you received on opportunities for employment in the field you have selected?

Where did you hear of or read of the BPW Scholarship?

Career Objectives:

Use the space below to discuss in your own words your specific short term career goals and specifically how this proposed training will help you to accomplish these goals. Please explain how these apply to your long range career goals.

References:

Please list below three persons whom you will request to complete the enclosed recommendation forms in support of your application. Letters may not come from persons related to you. We recommend at least one reference be from an employer or teacher. Letters of recommendation must be no more than one year old at the time of application postmarked by the deadline dates. It is advisable to mail this recommendation with this application.

Name _____ Position _____

Name _____ Position _____

Name _____ Position _____

I certify that to the best of my knowledge the information contained in this application is true and correct. I understand this application will not be considered for review unless it is signed and dated. I also understand that this application will not be complete until all three letters of recommendation and all necessary transcripts are received. I understand that in order to be considered for review all application materials must be postmarked no later than the deadline date and that no materials will be returned.

Signature

Date

We recommend all support materials be included with your application. Return the application to Scholarship Program, Oregon BPW Foundation, P O Box 133, Roseburg OR 97470