

**Business and Professional Women of Southern Ocean County
P.O. Box 722, Barnegat, NJ 08005**

“2019 Voice of Working Women Education Scholarship”

**Questions? Contact Cyndy Friedland, Scholarship Chairperson,
at info@bpwsoc.org**

Scholarships restricted to female applicants who have permanent residency in Ocean County and will be attending a New Jersey State School. All applicants must be 25 years of age or older. No applications will be accepted if postmarked later than April 30, 2019. **Applicants must complete the entire application.** One letter of reference for award is required. You will receive a confirmation of receipt of your application via Email. If you do not list an Email address, you will be notified by regular mail. BPWSOC reserves the right to award one or multiple scholarships. BPWSOC reserves the right to determine if all awarded funds were used for their intended purpose. The determination of awards by the Board of BPWSOC is final. Applicants will be eligible every two years for reapplication.

Please Initial: _____ Date: _____

Legal Name: _____

Street Address: _____

Municipality: _____

County: _____ Zip Code: _____

Telephone Number: Day _____

Evening _____ E-Mail: _____

Date of Birth: ___/___/___ Marital Status: M___ S___ W___

Amount requested _____ (not to exceed \$1,000.00)

Have you ever applied for or been awarded any other BPW local, state or national scholarships?

Yes ___ No___ Year(s) of prior application(s): _____

Year(s) of prior award(s): _____

Number of Individuals who will live in my/our household during the 2018 -2019 year.

Parents/guardians _____ Children _____ Other _____ (if other please explain)

Unusual Circumstances

Check all that apply to your situation within the past 12 months.

a. ____	<i>Loss of job</i>	i. ____	<i>Death in the family</i>
b. ____	<i>Recent separation/divorce</i>	j. ____	<i>Shared custody</i>
c. ____	<i>Change in family living status</i>	k. ____	<i>High debt</i>
d. ____	<i>Change in work status</i>	l. ____	<i>Child support reduction</i>
e. ____	<i>Bankruptcy</i>	m. ____	<i>Medical/Dental expenses</i>
f. ____	<i>College expenses</i>	n. ____	<i>Shared tuition</i>
g. ____	<i>Income reduction</i>	o. ____	<i>Other</i>
h. ____	<i>Illness or injury</i>		

Please explain:

PART I ***“EDUCATIONAL SCHOLARSHIP”***

Name of college, professional or technical school: _____

Address: _____

Telephone Number: _____

Current enrollment: Yes ___ No ___

If No, Date of anticipated enrollment: ___/___/___

Full Time: ___ Part Time: ___ # of credits earned to date: ___

GPA: _____ Attach one copy of unofficial transcript.

Anticipated date of graduation: ___/___/___

List all educational financial assistance for 2018/2019. All grant and loan amounts must be included.

- 1. _____ Amount: _____
- 2. _____ Amount: _____
- 3. _____ Amount: _____
- 4. _____ Amount: _____

Please provide a brief narrative on the nature of your educational and/or career goals. Attach additional pages if necessary.

PART II

REQUIRED OF APPLICANTS
“Household Income & Expenses”

I. Please provide a copy of your 2018 Income Tax Return.

II. Average Monthly Expenses

Rent _____ Mortgage _____ Child Care _____

Utilities _____ Insurances _____ Car Payment _____

Food _____ Loans _____ Transportation _____

Total Credit Card Payments _____ Tuition _____

TOTAL AVERAGE MONTHLY EXPENSES: _____

Please indicate anticipated additional monthly expenses due to a planned career development plan. Please describe the course and/or seminar. Indicate who provides training. Attach a copy of the brochure and use additional sheets if necessary.

Sign and date: I, _____ certify that all information and statements presented by me are true. I am aware that all information provided is confidential. I understand that if my application is willfully false I forfeit any award and must repay BPWSOC within 6 months of legal notification. I agree to have my name, address and/or photograph published for advertising/publicity purposes to benefit the BPWSOC scholarship fund drive. I will make myself available for an interview. **I must present bills marked paid by the school in order to have the check made payable to myself or the check will be made payable to the school for my benefit. I am also aware that I am expected to attend the scholarship award event presentation, on June 11, 2019, to share with the members and guests the benefit this award will provide for me. BPWSOC will include a year's free membership to scholarship recipients. We ask that you attend monthly meetings as scheduling allows and participate in our programs.**

Signature: _____ Date: _____