

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

**“2023 Voice of Working Women Education Scholarship”**

**Questions? Contact our, Scholarship Chairperson,  
at [info@bpwsoc.org](mailto:info@bpwsoc.org)**

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Education Scholarships are available to female applicants who have permanent residency in Ocean County and will be attending a New Jersey State School, New Jersey Vocational/Trade school or virtual attendance at a college located outside of the State of New Jersey. All applicants must be 25 years of age or older. No applications will be accepted if postmarked later than April 30, 2023. **Applicants must complete the entire application and submit all required attachments in one packet no later than April 30, 2023.** 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 more scholarships per annum. 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 in the past?

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 2021-2022 year.

Parents/guardians \_\_\_\_\_ Children \_\_\_\_\_ Other \_\_\_\_\_ (if other please explain)

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**Unusual Circumstances**

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

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

*Please explain:*

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

Name of college, professional or trade/technical school: \_\_\_\_\_

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

Telephone Number: \_\_\_\_\_

Current enrollment: Yes \_\_\_ No \_\_\_

If No, Date of anticipated enrollment: \_\_\_/\_\_\_/\_\_\_

Full Time: \_\_\_ Part Time: \_\_\_ # of credits earned to date: \_\_\_

Do you attend in person or virtually? \_\_\_\_\_

If you attend virtually attach proof of registration/enrollment.

GPA: \_\_\_\_\_ Attach one copy of unofficial transcript.

Anticipated date of graduation: \_\_\_/\_\_\_/\_\_\_

List all educational financial assistance for 2021 and 2022. All financial aid, 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”**

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**I. Please provide a copy of the first 2 pages of your 2021 Income Tax Return and 2022 W2 for you (and your spouse if married)**

**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.

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 and/or photograph published for advertising/publicity purposes to benefit the BPWSOC scholarship fund drive.

**I must present my educational bills marked paid by the school to have the award check made payable to myself or the award check will be made payable directly to the school for my benefit. I am also aware that if I am chosen as a recipient**

**of an award, I am expected to attend the scholarship award event presentation, scheduled for June 13, 2023, to share with the members and guests the benefit this award will provide for me.**

**BPWSOC will also gift to award recipients a year's free membership to the BPWSOC.** We hope you will attend monthly meetings as scheduling allows and participate in our programs when available.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Attachments: Have you included the following with this Application?

\_\_\_\_\_ Unofficial Transcript

\_\_\_\_\_ Proof registration/enrollment for virtual learning

\_\_\_\_\_ Letter of Recommendation

\_\_\_\_\_ First two pages of my 2021 Tax Return

\_\_\_\_\_ My 2022 W2 (and W2 for my spouse)

\_\_\_\_\_ Proof of paid receipts for education (if you are looking to be reimbursed directly)

\_\_\_\_\_ Copy of education bill (if you want payment to go directly to school for your benefit)