

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

“2023 Voice of Working Women Equipment Grant”

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

Equipment Grants are available to female business owners who have permanent residency in Ocean County and whose business is located in Ocean County. 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 grant 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 grants 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/grants?

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)

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:

PART I **“EQUIPMENT GRANT”**
If applying for a business grant, please provide the following:

Business Name:

Business Address:

Business Telephone Number:

Start Date: ____/____/____

BUSINESS INCOME:

Provide a copy of the first two pages of your personal / business income tax return for 2021

Provide a copy of your 2021 Schedule C

Provide a copy of your 2022 Profit and Loss Statement

Please use this space to explain any answers that may need clarification:

Please provide a brief narrative of the nature of your business and your long-range goals. Attach a separate description of the business equipment you would like to purchase and how it would enhance your business. It is required that you include with this a business supply catalogue depiction that includes the model number and price from a business supply store. (i.e.: a Staples catalogue page.)

PART II

REQUIRED OF APPLICANTS
“Household Income & Expenses”

I. 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.

Equipment grants require that you submit a paid bill to have the grant made payable to an individual or you agree that you will present an invoice/bill and the grant check will be made payable directly to the vendor. I am also aware that if I am chosen as a recipient of a grant, I am expected to attend the scholarship award event presentation scheduled for June 13, 2023, and to share with the members and guests the benefit this award will provide for me.

BPWSOC will also gift to the grant recipient a year's free membership to 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?

_____ Letter of Recommendation

_____ First two pages of my 2021 Personal/Business Tax Return

_____ My 2021 Schedule C

_____ My 2022 Profit and Loss Statement

_____ Proof of equipment pursuing i.e., brochure supply catalogue/print out depicting item or equipment being sought.

_____ Proof of paid receipts for equipment (if you are looking to be reimbursed directly)

_____ Copy of bill/invoice (if you want payment to go directly to a vendor)