

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

“2019 Voice of Working Women Equipment Scholarship”

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

Scholarships restricted to female applicants who have permanent residency in Ocean County. 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 **“EQUIPMENT SCHOLARSHIP”**

If applying for a business grant, please provide:

Business Name:

Business Address:

Business Telephone Number:

Start Date: ____/____/____

BUSINESS INCOME ESTIMATE (2018 Totals)

	Schedule C	Schedule E	Schedule F
What is your total estimated gross business taxable income?			
What is your total NET business taxable income/loss?			
If your business pays your home rent or mortgage, what is the annual total?			
If your business pays for your personal automobile, what is the annual total?			
If your business pays any portion of other personal expenses, list total amount.			
If you own rental property, What was the total amount of Rental Income received?			

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

Please include a copy of your Business Tax Return.

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. 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. **Equipment awards need a paid bill in order to have the check made payable to an individual or you will present a bill and the check will be made payable to the vendor. 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: _____