

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

**“2020 Voice of Working Women Education Scholarship”**

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

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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, 2020. **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): \_\_\_\_\_



**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 2019/2020. 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 2019 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 9, 2020, 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: \_\_\_\_\_