BUSINESS & PROFESSIONAL WOMEN of ENGLEWOOD & VENICE

2015 Scholarship Application for Adult Learners

An Adult Learner is a Woman who is currently enrolled in or re-entering College or a Technical Training Program.

APPLICATION DEADLINE: DATE April 30, 2015

Directions: Please type or print all information requested. Be accurate, supply copies of information requested. **NOTE**: Reviewers will look for neatness in presentation, spelling, grammatical correctness, and submission of all required documentation when considering the application.

OVERALL PRESENTATION IS IMPORTANT.

STUDENT INFORMATION

Full Name:				
Address:				
City/State/Zip:				
Phone:				
E-mail Address:				
Age:		Date of Birth:		
Are you a US Citizen?				
Are you a Veteran of	the US Military? Yes	s No	Honorably Discharge	d? Yes No
	•	_	ither June or July and githe Members? Yes	ive a brief introductory No
If this requirement	t is not met, the scho	olarship will be	awarded to the next m	nost qualified applicant
	PE	ERSONAL INFO	RMATION	
Please circle one:	Married	Single	Divorced	Widowed
Number of children c	urrently living at hor	me with you: _		
Agos of Children at he	ama:			

FINANCIAL INFORMATION

Have you completed a FAFSA (free application for federal aid) Yes * No						
* A copy of the SAR – Student Aid Report is required to be submitted with the application.						
What other scholarships/financial sources have you applied for? Are there any you have already been notified that you will receive? Explain if applicable:						
Annual estimated costs:						
Tuition:						
Books/Supplies:						
Room/Board:						
You Personally: Estimate your annual contribution toward the above expenses. \$						
FINANCIAL AID OFFICE STATEMENT						
This section must be completed by the school's financial aid office						
Does student's financial record indicate financial need? Yes No						
Comments:						
Counselor's Signature:						

ACADEMIC INFORMATION

In order of *preference*, list colleges or technical schools you have been accepted to:

*Must include a *copy* of the letter of acceptance.

Name of School	Full Address	Phone #
Contact Person		Student ID

Name of School	Full Address	Phone #
Contact Person		Student ID

Name of School	Full Address	Phone #
Contact Person		Student ID
Major you are seeking:		
Are you currently attend	ing school?	
If you are currently atter	nding school, please provide most rece	ent academic transcript.

PROVIDE BACKGROUND INFORMATION

by attaching the following:

- A) Describe (in no more than 300-350 words) why you should be awarded a scholarship.
- B) Submit two (2) letters of recommendation from teachers, employers or member of the community who **are not** related to you.

APPLICANT STATEMENT Must be submitted with application

o the best of my knowledge, the information contained in this application is true and accurate.				
Applicant Signature:				
Date:				

TO SUBMIT COMPLETED APPLICATION, MAIL TO:

Scholarship Chair BPW Englewood/Venice PO Box 611 Englewood, FL 34295

APPLICATION MUST BE POSTMARKED NO LATER THAN APRIL 30, 2015.

FOR ADDITIONAL INFORMATION YOU MAY CONTACT:

Karin Drury 941-475-0890 rdry62@verizon.net