

Business and Professional Women of New Jersey
"2019 Voice of Working Women Scholarship"
Education Scholarship Award

Questions? Contact or Call
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Scholarships restricted to female applicants who have permanent residency in New Jersey. All applicants must be 25 years of age or older. No applications will be accepted if postmarked later than May 1, 2019. Applicants must complete all information requested on the application. One letter of reference and recommendation 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. BPWNJ Foundation reserves the right to award one or multiple scholarships. BPWNJ Foundation reserves the right to determine if all awarded funds were used for their intended purpose. The determination of awards by the Board of BPWNJ Foundation is final.

Legal Name: _____

Street Address: _____

Municipality: _____

County: _____ Zip Code: _____

College Attending _____ Student ID # _____

Mailing Address to send check to: _____

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? Prior awards do not disqualify you from this year's award.

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 2018/2019. 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 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 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 BPWNJ Foundation., within 6 months of legal notification. I agree to have my name, address and/or photograph published for advertising/publicity purposes to benefit the BPWNJ Foundation scholarship fund drive. I will make myself available for an interview. **I am aware that I am expected to attend the awards presentation for the scholarship prepared to discuss with the membership the manner in which this award will help my career path.** I must be a resident of New Jersey and attending a school in New Jersey or taking online courses with a school in New Jersey.

Signature: _____ Date: _____