Business and Professional Women of Iowa Foundation
Application for Educational Scholarship Award—2016-2017

*DEADLINE: Must be postmarked by MARCH 23, 2016 to be considered.
(Please print clearly)

Name of Applicant ________________________________________________ Telephone(____ ) ______

Current Address _______________________________________________________________ E-mail __________________

Are you a United States Citizen? Yes_______ No________ Are you a BPW Member? Yes_______ No __________

Have you previously received a BPW Educational Scholarship Award? Yes _________ No _________

If yes, please list the date and the amount received. Date (m) ______/(/y) _______ Amount $ __________

Which educational institution do you plan to attend? ____________________________________________

What is your anticipated graduation date? Date ______/_______ What is your major? ______________

What is the type of occupation for which you are training? ______________________________________


Do you have children? Yes _________ No __________ If yes, what are their ages? __________________

List the total number of individuals that you are responsible for supporting including self. __________________

Spouse’s name (if applicable)? ___________________________ His/her occupation? __________________

Please provide the following information:
· High School Name _____________________________________________________________
  High School Location ___________________________ Graduation date (M/Y) ________
  List High School Honors you received: __________________________________________

· List institutions of higher learning attended (if any):
  School ___________________________ M/Y graduation(if applicable) __________
  Degree(if applicable) _______ Credits attained ________
  __________________________________________________
  __________________________________________________

· List honors received: _________________________________________________________

· List credits you have accumulated in the current year (indicate semester or quarter) __________

· List school and/or community activities in which you are involved: ________________

________________________________________________________

________________________________________________________

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### Financial Needs for One Academic Year-2016-2017

<table>
<thead>
<tr>
<th><strong>Expenses</strong></th>
<th><strong>Income</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Tuition/Fees</td>
<td>Applicant’s After Tax Wages</td>
</tr>
<tr>
<td>Spouse’s Tuition/Fees</td>
<td>Miscellaneous Income</td>
</tr>
<tr>
<td>Books/Supplies</td>
<td>a) child support</td>
</tr>
<tr>
<td>Child Care</td>
<td>b) spousal support</td>
</tr>
<tr>
<td>Housing/Food</td>
<td>Spouse’s After Tax Wages</td>
</tr>
<tr>
<td>Utilities</td>
<td>Social Security Benefits</td>
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<tr>
<td>Transportation</td>
<td>Scholarship Funds</td>
</tr>
<tr>
<td>Medical/Dental</td>
<td>Loan Funds</td>
</tr>
<tr>
<td>Miscellaneous Expenses:</td>
<td><strong>List below</strong></td>
</tr>
<tr>
<td></td>
<td>Veteran Benefits</td>
</tr>
<tr>
<td></td>
<td>Unemployment Benefits</td>
</tr>
<tr>
<td></td>
<td>Savings</td>
</tr>
<tr>
<td></td>
<td>Vocational Rehabilitation</td>
</tr>
<tr>
<td></td>
<td>Aid from family</td>
</tr>
<tr>
<td></td>
<td>Aid from Spouse’s Family</td>
</tr>
<tr>
<td><strong>Total Yearly Expenses</strong></td>
<td><strong>Total Yearly Income</strong></td>
</tr>
</tbody>
</table>

Explain Miscellaneous Income/Expense Listed:________________________________________________________

______________________________________________________________________________________________

Have you applied, or do you plan to apply, for any other scholarship awards/grants? Yes ______ No ______

If yes, please list the scholarships applied for and the amounts. __________________________________________

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### Personal Goal Statement

Briefly **PRINT** a paragraph about your personal goals (**not to exceed 6 lines**) that includes the following:

1. Reason(s) you should receive a BPW Educational Scholarship Award.
2. The way you expect to use this training.
3. Other pertinent information the Educational Scholarship Committee should know.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

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- **NOTE:** To be eligible for this scholarship, the applicant must: 1. Complete this application in its entirety, 2. Supply a copy of official transcripts from any accredited institutions of higher learning attended (Transcripts if stamped “Issued to Student” are acceptable.), and 3. Submit three (3) letters of reference from non-family members--one each from an employer, teacher, and community leader.

Mail applications and above list of documents to: DiAnne Lerud-Chubb, Chair
BPW/Iowa Foundation Educational Scholarship Program
2429 Gnahn Street, Burlington, IA 52601
lerud2@mchsi.com

Application and documents **must** be emailed or postmarked by MARCH 23, 2016, to be considered for 2016 scholarship awards.

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