

EDUCATIONAL SCHOLARSHIP FINANCIAL INFORMATION

(MAXIMUM SCHOLARSHIP- \$1,000)

Scholarship amount requested \$ _____

Scholarships available based on available funds

**Allow 6 weeks prior to starting your educational opportunity for request to be reviewed.

Total cost for this course of study? Tuition \$ _____ Books/Equipment \$ _____
Childcare \$ _____ Transportation/gas \$ _____

List other financial aid sources and amounts secured \$ _____

Personal investment expected \$ _____

Which costs do you need this scholarship source to cover? _____

Name of employer(s) _____

Contact Person: _____

Phone Number: _____

Check here to allow us to contact your employer if necessary

If no, please explain: _____

How did you hear about this scholarship program?

Are you a BPW member? _____

Any special circumstances that the review committee should be made aware of?

If awarded a scholarship, may we use your name in a press release? ___Yes ___No

If awarded a scholarship, will you be able to attend a BPW meeting to accept the check? ___Yes ___No
Jackson BPW meets on the 2nd and 4th Tuesday of each month from 12-1 pm at the Cascades Manor House.

CERTIFICATION:

All information provided on this application is true and complete to the best of my knowledge

Signature

Date

Please fill out the application completely and send it to: Jackson BPW, P.O. Box 1020, Jackson, Michigan, 49204.

For committee use:

Date request received: _____

Date Committee meeting: _____

Recipient notified: _____

Approved: _____ Denied: _____

Date funds distributed: _____