

# SCHOLARSHIP GUIDELINES

## JACKSON BUSINESS & PROFESSIONAL WOMEN'S CLUB

1) Scholarships may be awarded only to women who are returning to the workplace and need further training, or to women who wish to advance in their chosen profession or business and have a connection to Jackson County by living, working or going to school in Jackson County.

(NOTE: Not intended for high school graduating seniors). **Please circle the one you are applying for:**

- **College Scholarship** – 4 a year at \$500 each  
**June 1 deadline**, Review at June Board meeting, award funds in August  
**December 3 deadline**, Review at December Board meeting, award funds in early January  
Attend a local post-secondary educational institute to take classes to further education
- **Rolling Scholarship** – 2 a year at \$250 each – Accepting applications throughout the year  
Need to take a training class for a promotion; take a test to complete area of study, need assistance with transportation, babysitting etc...

2) The personal financial commitment of the applicant shall be taken into consideration.

3) A one-time scholarship may be awarded in the amounts of \$250 or \$500.

All information provided in this application will be kept confidential. Please fill out the application completely and send it to: Jackson BPW, P.O. Box 1020, Jackson, Michigan, 49204.

NAME \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY, STATE, ZIP CODE \_\_\_\_\_

CELL or HOME PHONE \_\_\_\_\_

EMAIL: \_\_\_\_\_

Write a statement indicating the reasons you would like this scholarship and how you intend to use the funds. Please include school, program, seminar, conference etc. (Use separate sheet if needed)

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# SCHOLARSHIP FINANCIAL INFORMATION

## (MAXIMUM SCHOLARSHIP- \$250 to \$500)

Scholarship amount requested \$ \_\_\_\_\_

\*\*Scholarships available based on available funds\*\*

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 2<sup>nd</sup> and 4<sup>th</sup> 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 Board use:**

Date request received: \_\_\_\_\_

Date Committee meeting: \_\_\_\_\_

Approved: \_\_\_\_\_ Denied: \_\_\_\_\_

Recipient notified: \_\_\_\_\_

Date funds distributed: \_\_\_\_\_