

COLORADO BUSINESS AND PROFESSIONAL WOMEN'S EDUCATION FOUNDATION, INC.
Application for Funds

Applicant must complete and return the following items before the Board of Trustees will consider the application for educational funds:

- | | |
|--|--|
| <input type="checkbox"/> Completed Application (6 pages) | <input type="checkbox"/> Statement of Educational and Career Goals |
| <input type="checkbox"/> One copy of most recent high school or college transcripts (This requirement is waived if applicant has not attended school within the last seven years.) | <input type="checkbox"/> School Statement of Acceptance (or proof of enrollment in and a current tuition/fees schedule for your program) |
| <input type="checkbox"/> Proof of Colorado Residency | <input type="checkbox"/> Copy of 1 st two pages of prior year's tax return |
| <input type="checkbox"/> Proof of US citizenship | <input type="checkbox"/> Two (2) Letters of Recommendation (please no letters from relatives) |

Please return the completed application and all supporting materials to:

Colorado BPW Education Foundation, Attn.: Scholarship Committee
P. O. Box 1189, Boulder, CO 80306
Fax: 720-564-0397

PLEASE TYPE OR PRINT ALL INFORMATION. ALL QUESTIONS MUST BE ANSWERED.
If a question does not apply to you, then please answer N/A. Applications that have not been completely filled out will not be processed.

1. **PERSONAL DATA:** (Any change of name or address must be reported to the Foundation immediately.)

Name _____

Present Address _____ City: _____ State: _____ Zip: _____

Permanent Address _____ City: _____ State: _____ Zip: _____

Phone: Home _____ Business _____ Fax _____

Email: _____ Cell Phone: _____

Date of Birth _____ Place of Birth _____

Social Security No. _____ Driver's License Number _____

How long have you been a Colorado resident? _____

Marital Status: Single Married/Partner Divorced Widowed

If married, spouse's name _____ Occupation _____

Number of dependents (excluding self and spouse) _____

Name of relative through whom you can always be contacted: _____

Relationship _____ Email _____

Address _____

Home Telephone _____ Business Telephone _____

2. EDUCATIONAL PROGRAM: (For which funds are requested)

Degree program or course of study _____

School _____

Address _____

Starting date of study _____ Expected completion date _____

Planning to attend: Full-time _____ Part-time _____

3. EDUCATIONAL BACKGROUND: (List in order all degrees and certifications completed. Attach additional sheet if necessary)

<u>Years Attended</u>	<u>Institution</u>	<u>Location</u>	<u>Degree/ Certification</u>

4. EMPLOYMENT BACKGROUND: (List in order, starting with the most recent. DO NOT substitute resume.)

<u>Dates From/To</u>	<u>Job Title/ Description</u>	<u>Employer</u>	<u>Salary</u>	<u>Hours/ Week</u>

5. FINANCIAL INFORMATION:

a. GROSS MONTHLY HOUSEHOLD INCOME

Wages/Salary - Applicant	\$ _____
Wages/Salary – Spouse/Partner	\$ _____
Contribution from family	\$ _____
Interest/Dividends	\$ _____
Child Support/Alimony	\$ _____
Public Assistance	\$ _____
Other _____	\$ _____

Total Monthly Income: \$ _____

b. GROSS MONTHLY HOUSEHOLD EXPENSES: (exclude educational expenses)

House Payment/Rent	\$ _____
Installment Debt Pmts	\$ _____
Utilities	\$ _____
Credit Card Payments	\$ _____
Taxes/Insurance	\$ _____
Health Care/Insurance	\$ _____
Transportation	\$ _____
Other Living Expenses	\$ _____

Total Monthly Expenses \$ _____

If total income does not cover monthly living expenses, explain the circumstances that will enable you to live during the time you are going to school. In addition, please provide an explanation for any high credit card debt or loan amounts. Please attach an additional sheet if needed.

c. FINANCIAL ASSETS:

Checking, Savings, CDs, Money Market Funds	\$ _____
Bonds	\$ _____
Stocks	\$ _____
Mutual Funds	\$ _____
Retirement Plans, 401(k), IRAs	\$ _____
Equity in Primary Residence	\$ _____
Equity in Other Real Estate	\$ _____

Total Financial Assets \$ _____

d. **ANTICIPATED ANNUAL EDUCATIONAL EXPENSES:** Please note, funds awarded by the Colorado BPW Education Foundation can be used for tuition, fees and book expenses only.

Books \$ _____
 Fees \$ _____
 Tuition \$ _____
 Other _____ \$ _____

e. **OTHER INFORMATION**

- Do you live with your parents or family? Yes No
- Do your parents or family contribute to your monthly income? Yes No
- Do your parents claim you as a dependent on their tax return? Yes No
- Do you own your own home or rent? Own Rent

f. **CURRENT & ANTICIPATED FINANCIAL AID:** List all other loans, scholarships, and grants you are currently using to assist you with your education.

<u>Type</u>	<u>Amount</u>	<u>Agency</u>	<u>Status</u>

6. **EXTENUATING CIRCUMSTANCES:** Please indicate any additional expense, family or personal responsibilities, educational hardships, or other pertinent information concerning your financial status of which the CO BPW Education Foundation should be aware in order to accurately assess your application. Please use an additional sheet of paper if you require more space.

7. OTHER:

List awards, honors, special recognitions or distinctions:

List Memberships in any educational or professional organizations:

List volunteer organizations or community activities:

8. FUNDS REQUEST:

Have you previously applied for funds through the Colorado BPW Education Foundation?

No _____ Yes _____ When _____

Have you previously received funds through the Colorado BPW Education Foundation?

No _____ Yes _____ When _____

9. STATEMENT OF EDUCATIONAL AND CAREER GOALS:

On a separate sheet of paper, please provide a one-page statement of your educational and career goals.

10. DECLARATION

I hereby make application for funds from the Colorado Business and Professional Women's Education Foundation, to be paid to the school specified in this application and to be credited toward tuition and fees for my area of study. I declare that, to the best of my knowledge, the information provided on this application is correct and complete. The Colorado Business and Professional Women's Education Foundation has my permission to verify any information provided and contact any credit reporting agencies as deemed necessary to determine my credit background.

I fully understand that it is a federal crime punishable by fine or imprisonment, or both, to knowingly make any false statements concerning any of the above facts as applicable under the provision of Title 1B, United States Code, Section 1014.

I understand this application will not be considered until two letters of recommendation, transcripts, and statement of acceptance are received or waived.

Signature _____ Date _____

**Colorado BPW Education Foundation
Appendix to Application**

PROOF OF US CITIZENSHIP

Please attach one of the following sets of materials to prove your US citizenship and Colorado residency:

- 1) Photocopy of your Colorado driver's license **OR** photocopy of Colorado photo identification card

AND one of the following:

- 2) Photocopy of US Birth Certificate

OR

Photocopy of US Passport

OR

Photocopy of US INS Naturalization card

RELEASE FORM

Please indicate below your approval or not. Your response to the release section below will in no way affect the evaluation of your application for an award.

If selected as a recipient of a Colorado Business and Professional Women's Education Foundation award, I grant permission to the Colorado BPW Education Foundation, Inc. to produce, publish, and distribute for public relations, educational, and/or research purposes my name, comments, and other related information in any kind of media materials (such as, but not limited to, press releases, video tapes, and/or audio tapes) deemed necessary, and to edit, copy, and modify these materials as necessary.

I understand that such materials as named above become the property of the Colorado BPW Education Foundation. I acknowledge that I will not be paid for taking part in the production of these materials or from any proceeds that may come from their publication.

Approves

Signature

date

Does not approve

Signature

date