

Colorado Business and Professional Women's Education Foundation, Inc.
Application for scholarship funds

You must complete the entire application. Unless otherwise indicated, the requested information is required. If a question or section does not apply to you, mark it "NA" (for "not applicable"). Some supporting documentation may be submitted separately; see instructions for each section.

Eligible applicants must demonstrate financial need, scholastic ability, leadership skills, and career goals. To be eligible you must be:

- a woman at least 25 years of age*
- a U.S. citizen*
- a resident of Colorado for at least 12 months prior to the application deadline*
- enrolled in or attending an accredited educational institution of high learning or vocational training located in Colorado*

Application deadlines are May 31 for fall semester awards and October 31 for spring semester awards. Scholarship funds awarded by the Colorado BPW Education Foundation will be applied to the recipient's account at her school.

Submit your application, postmarked no later than the application deadline to:

Colorado BPW Education Foundation
P.O. Box 1189
Boulder CO 80306-1189

Please type or print legibly and write your name at the top of each page. Applications missing required information will not be considered. The Colorado BPW Education Foundation is not responsible for lost or destroyed documents.

Your complete application must include each of the following documents unless waived by CBPWEF:

- The six-page application form (required)
- Copy of first page(s) of your most recent IRS form 1040 showing your taxable income (required)
- The Statement of Acceptance and Schedule of Fees with authorized signature (required)
- Your most recent transcript with authorized signature showing your grade-point average (required)
- Statement of educational and career goals (required)
- Proof of Colorado residency (required)
- Proof of U.S. citizenship (required)
- Signed and dated Declaration (required)
- Two recommendations from non-relatives using CBPWEF form (required)
- Extra pages necessary for clarification or additional information (as necessary)

The following additional documents are optional:

- Voluntary Information questionnaire
- Release of information for publicity (optional, signature requested)
- Resumes, copies of certificates, etc.
- Letters of recommendation attached to the required CBPWEF recommendation form

Colorado Business and Professional Women's Education Foundation
P.O. Box 1189, Boulder CO 80306-1189
Application for scholarship award

1. General information:

Name: _____

Address: _____

City: _____ State: _____ Zip code: _____

Best way to reach you:

Mailing address: _____

Phone number(s) with area code: (1) _____ (2) _____

E-mail address: _____

Additional contact information (optional): _____

Your age (on the application deadline): _____ Date of birth: _____

How long have you been a Colorado resident? _____

Your marital status: Single Married/domestic partnership* Divorced Widowed

* Spouse's/partner's name _____ His/her occupation _____

Number of dependents, excluding yourself and your spouse/partner: _____

2. Your educational program (for which funds are requested):

Semester and year: _____

Degree, program or course of study: _____

Name of school/college/university: _____

Complete address of school: _____

This school is a: public private institution.

It is a: vocational school technical school 2-year community college

4-year public college or university 4-year private college/university Other: _____

Semester and year you expect to finish your program: _____

You are attending: Full time Part time

Your reason for attending: career advancement enter/re-enter job market

begin a new career other: _____

Your name (last, first): _____

3. Your educational background:

a. List below, in order, all degrees and certifications you've completed since high school. Include year(s) attended, name of institution, city & state, and name or type of degree/certification:

b. Include with your application a **recent transcript** (official or photocopy with official seal) showing your grade-point average. It may be submitted separately. If you do not have a recent transcript, please explain.

4. Your employment history: List in order, starting with your most recent employment. *Do not substitute a resume for this section.* Include start-end dates, job title/description, name, city and state of employer, salary, and hours/week:

5. Your financial circumstances: In addition to the following, you must enclose a copy of the first page(s) of your most recent IRS form 1040 showing your taxable income.

a. Your gross annual household income:

Wages/salary (applicant)	\$ _____
Wages/salary (spouse/partner)	\$ _____
Unemployment, veteran's benefits	\$ _____
Interest/dividends	\$ _____
Child support/alimony paid to you	\$ _____
Disability, worker's compensation	\$ _____
Public assistance, Social Security benefits	\$ _____
Loans	\$ _____
Grants	\$ _____
Student financial aid	\$ _____
Contribution from others	\$ _____
Other (specify): _____	\$ _____

Total annual income: \$ _____

b. Annual expenses and deductions (excluding educational expenses):

- Mandatory taxes (income, property, etc.): \$ _____
- Insurance (all types): \$ _____
- Child/elder care \$ _____
- Retirement plans \$ _____
- Mortgage/rent \$ _____
- Debt payments \$ _____
- Utilities \$ _____
- Medical care \$ _____
- Food \$ _____
- Transportation \$ _____
- Clothing, personal care \$ _____
- Children's expenses \$ _____
- Miscellaneous \$ _____
- Other living expenses (specify) \$ _____

Total annual expenses: \$ _____

If your total income is less than your total expenses, please explain how you will provide for yourself and your family while you are attending school:

c. Financial assets:

- Real estate (equity in your home) \$ _____
- Equity in other real estate: \$ _____
- Motor vehicles \$ _____
- Cash on hand (bank accounts, savings, etc.) \$ _____
- Life insurance \$ _____
- Stocks, bonds, securities, investments \$ _____
- Mutual funds \$ _____
- Pension, profit sharing, retirement funds \$ _____
- Miscellaneous assets \$ _____

Total financial assets: \$ _____

Your name (last, first): _____

d. Your anticipated educational expenses:

- The “Statement of Acceptance and Schedule of Fees” must be completed and signed by your school’s admissions or financial officer. It may be submitted separately.
- If you have other educational expenses not included on the Statement, please explain.

e. Financial aid:

Please state the type and amount of all loans, scholarships, and grants you receive or expect to receive, as well as the source of the funds and the status of your award:

f. Extenuating circumstances (optional):

If you believe the CBPWEF review committee should consider any other unusual expenses, hardships, or personal challenges that you face, please use this space or attach another page to explain.

6. Community service:

Please list any awards, recognitions you have received, or volunteer work, service projects, or organizations in which you have participated.

7. Statement of educational and career goals (required):

Attach a one-page statement of your educational and career goals and be sure your name is included.

Your name (last, first): _____

8. Proof of United States citizenship and Colorado residency (required):

Your application packet must include photocopies of these TWO documents:

1. Proof of Colorado residency:

- A photocopy of a State of Colorado photo ID (State of Colorado-issued driver's license or State of Colorado-issued photo identification card)

AND

2. Proof of United States citizenship:

- A photocopy of your U.S. birth certificate

OR

- A photocopy of your United States passport

OR

- A photocopy of your United States INS naturalization card

9. Declaration (required):

To be eligible for an award from CBPWEF, you must agree to the following statement and indicate your approval with your printed name, your signature and the date you signed.

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. 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 agency as deemed necessary.

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 request for funds will not be reviewed until my application form is complete and accompanied by two letters of recommendation, transcripts, and statement of acceptance, unless waived.

Name (printed): _____

Signature _____ Date _____

Your name(last, first): _____

Release of information for publicity purposes (optional, signature requested)

Your response to the following statements will in no way affect the evaluation of your application for an award. However, we request a signature indicating your agreement or disapproval.

If I receive a Colorado Business and Professional Women's Education Foundation scholarship award, I grant permission to the Colorado BPW Education Foundation to produce, publish, and/or distribute for public relations, educational, and/or research purposes the following items from my application:

- my name
- my educational program and school
- my age
- city where I live
- my grade-point average
- information about my family
- excerpts from my statement of educational and career goals
- excerpts from my statement regarding extenuating circumstances
- other: _____
- none of the above

I agree that the information indicated above may be used in any form deemed appropriate, including but not limited to, news releases, the Colorado BPW Education Foundation's Web site and publications, and it may be edited, copied, and modified accordingly.

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.

Yes, I agree:

(signature) (date)

No, I wish to remain anonymous and do not approve the release of any information about me:

(signature) (date)

Colorado Business and Professional Women's Education Foundation
Application for scholarship funds
Statement of Acceptance and Schedule of Fees

Applicant: This document must be completed and signed by the authorized admissions or financial officer of your school. The completed document may be submitted separately or with your application.

Mail the completed and signed form to:

Colorado BPW Education Foundation
P.O. Box 1189
Boulder CO 80306-1189

This is to certify that:

_____ has been accepted by:
(Name of student)

Name of Institution: _____

Address: _____

City, State and Zipcode: _____

for enrollment in: _____
(semester) (year)

Student's degree program or course of study: _____

Itemization of expenses for this student's educational program for this semester: *Please include tuition, fees, textbooks, and miscellaneous expenses required for this program and the date that payment is due.*

_____	\$ _____	_____
<i>Type of expense</i>	<i>amount</i>	<i>date due</i>
_____	\$ _____	_____
<i>Type of expense</i>	<i>amount</i>	<i>date due</i>
_____	\$ _____	_____
<i>Type of expense</i>	<i>amount</i>	<i>date due</i>
_____	\$ _____	_____
<i>Type of expense</i>	<i>amount</i>	<i>date due</i>

Total tuition, fees, textbooks and miscellaneous fees for this semester: \$ _____

(Signature of authorized admissions or financial aid officer) (title)

Please attach your business card. _____
(date)

Thank you!

**Colorado BPW Education Foundation
Application for scholarship funds**

Letter of Recommendation

Please take a moment to complete this confidential information. In addition, you may attach a separate page or letter as you choose. Please type or print the information. Thank you!

Name of scholarship applicant: _____

Your name and title: _____

Your contact information (or attach a business card): _____

1. How long have you known the applicant? _____

2. Please describe your personal or professional relationship with the applicant. _____

3. How would you rate the applicant's past academic, employment, or volunteer record?

excellent good average below average

4. How would you rate the applicant's ability to undertake and complete her educational program?

excellent good average below average

5. In your opinion, what is the applicant's career potential?

6. Any other pertinent information you'd like to add?

(your signature)

(date)

Please return to the applicant or mail to:

**Colorado BPW Education Foundation
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Thank you!

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5. In your opinion, what is the applicant's career potential?

6. Any other pertinent information you'd like to add?

(your signature)

(date)

Please return to the applicant or mail to:

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Thank you!

Note to applicant: Please do not include your name or other identifying information on this page.

Voluntary Information

Completion of any part of this section by the applicant is entirely voluntary. This information is confidential and will in no way affect your eligibility for a scholarship from the Colorado BPW Education Foundation. Should you decide to provide the following information, it could be used for statistical data in our efforts to increase our scholarship funds.

If you think this information should be considered in determining whether you should receive a CBPWEF scholarship, you may include it under "5.f.: Extenuating circumstances" on page 4, or in your Statement of Educational and Career Goals, or in another attachment.

Ethnicity/race (Please indicate the category that best describes you):

- Black or African American, not Hispanic or Latina
- American Indian or Alaska native
- of Asian descent
- Hispanic or Latina
- White, not Hispanic or Latina
- Native Hawaiian or Pacific Islander

Survivor of violence:

During your childhood, were you a victim of physical or sexual abuse? Yes No

Have you ever been a victim of a partner's/spouse's violence? Yes No

Have you ever been a victim of any other violent crime? Yes No

First generation college student:

Looking back over the last three generations, are you the first in your family to attend an institution of higher education or vocational training? Yes No

Thank you!

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