



Schenectady Business & Professional Women's Club, Inc.

2018 EDUCATIONAL SCHOLARSHIP APPLICATION

Please type or print neatly in blue or black ink.

Completed applications must be postmarked on or before Monday, April 23, 2018.

Personal Information:

Name: _____

Date of Birth: _____ Place of Birth: _____ Gender: _____

Have you ever received a BPW Scholarship? _____

Home Address (applicants must reside and/or work in Schenectady County):

Number and Street: _____

City, State, Zip Code: _____

Resident of Schenectady County: _____ Email address: _____

Home Phone: _____ Cell Phone: _____

Educational Program:

Field of study: _____

Type of degree or certificate program for which you are applying (must be an accredited degree or certificate program):

Associates _____ Bachelor's _____ Master's _____ Certificate Program _____ Online Program _____

Indicate your enrollment status for the academic award year of your program:

currently enrolled _____ semester start date _____

accepted and will attend _____ start date _____

full time _____

part time _____ (indicate the number of credit hours you will be taking)

Please Note: If you are currently enrolled your start date must be no later than January of the spring semester of the academic award year.

Anticipated graduation or certificate receipt date: _____

List previous degrees and dates earned if applicable: _____

Institution Information (do not abbreviate):

Name: _____

Address: _____



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Name: _____

Estimated Costs of Education (per year):

Tuition & Fees \$ _____

Room & Board \$ _____

Books & Supplies \$ _____

Estimated Sub-Total Costs: \$ _____

Other expenses you deem relevant:

Expense _____ Amount \$ _____

Expense _____ Amount \$ _____

Expense _____ Amount \$ _____

Estimated Sub-Total Expense Costs: \$ _____

Total Estimated Costs: \$ _____

Financial Information: May be requested and taken into consideration when all other factors are equal among applicants.

Additional Funding Sources:

Have you received any other grants, scholarships, fellowships, etc.? _____

If yes, please advise from whom you have received grants, scholarships, or fellowships and state the amounts.

Employment Information:

Will you work during the school year? Yes, full time _____ Yes, part time _____ No _____

PLEASE NOTE THAT INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED.



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Additional Requirements:

1. Current, or most recent Transcript. First year students, please send a copy of your SAT scores and standing in class;
2. Proof of enrollment in college or vocational training program;
3. Two (2) Letters of Recommendation from two (2) different sources. Recommendations can't be from a relative. Recommendations from a teacher, professor, guidance counselor, school official, employer, clergy and the like are preferred;
4. A copy of your current professional resume. Your resume should contain all significant previous paid and unpaid work, education and training programs since and including high school, any awards and/or honors received and any other information relevant to your career and educational goals and volunteer/community service. Life experiences (travel, raising children, homemaking, etc.) may also be included if you believe it's relevant;
5. An essay which addresses your specific educational and career goals and how your educational endeavor will help you accomplish these goals and/or make a difference in your professional career. Include information concerning your background, your family, education, volunteer activities, and your goals in life, your strengths/weaknesses, and the reasons why you want to pursue your selected career. **The Schenectady Business and Professional Women's Scholarship Committee will consider your essay carefully when your application is evaluated. It should be well thought out and relevant to your career goals.** (Please limit your essay to 500 words);
6. Certification and Release; and
7. Completed Waiver Request, if desired.

Applicant's Signature: _____ Date: _____

Parent Signature (if applicant is a dependent): _____ Date: _____

One original and five copies of the completed applications must be postmarked on or before Monday, April 23, 2018, and mailed to Linda L. Rolfe, Chair, Schenectady BPW Scholarship Committee, 420 Sand Creek Road, Bldg. 1, Apt. 619, Albany, NY 12205-2721. The date of submission will be based upon the postmark date.



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Certification and Release

By signing below, I confirm the following:

- ⤴ that the information provided in this application is accurate and complete to the best of my knowledge and that I meet the stated conditions of eligibility.
- ⤴ that all applications will be held confidential and that all submitted materials will not be returned. I waive the right to access letters of recommendation written on my behalf.
- ⤴ that all applications are evaluated on the basis of the applicant's merit and demonstration of clear intent by their precise description of career plans and goals as well as their academic, employment and/or volunteer record; however, financial need will be taken into consideration when all other factors are equal between applicants.
- ⤴ that Schenectady BPW is not able to award scholarships to all eligible applicants. I understand that recipients are chosen by the Schenectady BPW Scholarship Committee and that Schenectady BPW does not comment on the committee's deliberations or on any particular applicant's status.
- ⤴ that the Schenectady BPW Scholarship Committee may request additional information from me and I agree to provide the information within the time-frame allotted. I understand that if I do not supply the additional information, my application may be denied.
- ⤴ that if I should receive a scholarship, it shall be applied to the cost and/or fees which are charged by the school, including such items, but not limited to, tuition, laboratory fees, room and board and that scholarship funds cannot be used for expenses incurred prior to the period covered by the scholarship.
- ⤴ If selected to receive a Schenectady BPW Scholarship, I give Schenectady BPW permission to release my name, institution, essay, and photograph for promotional and marketing purposes. I understand that upon selection for a scholarship, this information may be released by Schenectady BPW in a variety of marketing formats including website and press releases, unless specifically requested in the Waiver Request below.
- ⤴ I hereby apply to the Schenectady Business and Professional Women's Club Scholarship Program in which the recipient(s) will receive a scholarship in the amount designated by the Board of Directors.

Signature of Applicant: _____ Date _____

Signature of Applicant's Parent
(if Applicant is a minor) _____ Date _____

Print Name: _____

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Waiver Request

Schenectady BPW does not require scholarship recipients to give permission to release information that could put themselves or their families at risk. If releasing your information will endanger you or your family, please answer 'Yes' to the following question to be granted a waiver of the release of information.

Are you requesting a waiver to the release of information? _____

Name _____ Date _____

Note: If you do not sign the waiver, please understand that your information (including your name, state and school) will be included in Schenectady BPW marketing materials, including the website and donor materials. For example, your information may be shared with other donor organizations who may wish to invite you to speak at their events or be featured in a local publication about your accomplishments.

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