



# BPW/UTAH FOUNDATION

## Scholarship Application Instructions to Applicants

Before applying, please read these instructions very carefully. Be sure that you meet the eligibility criteria and that you can fulfill the scholarship requirements.

Fill out the application form completely. Type or print clearly in black or blue ink. Please note that your application will not be considered for review until all supporting materials, including letters of recommendation have been received. Incomplete applications cannot be considered. No materials will be returned. **Please complete and return this application at least 30 days prior to the date that funds are needed.**

Eligibility criteria:

- Applicants must be 25 years of age or older.
- Applicants must be U.S. citizens or Legal Immigrant and a resident of Utah with intentions to remain a resident of Utah.
- Applicants must be currently enrolled in an accredited college, university, vocational, or skills training in Utah.
- Applicants must be entering or re-entering the workforce to acquire marketable skills that will increase their economic security or upgrade their current position of employment.
- Applicants must demonstrate critical financial need, subject to verification.
- Scholarships are granted for trade, associate or bachelor's degrees.
- Scholarships shall not be considered for applicants who already possess a bachelor's degree

Scholarships are awarded for not more than a one-year period to cover tuition, fees, and other school-related expenses such as childcare and transportation. Scholarships cannot be used for expenses incurred before the period covered by this scholarship application.

No cover letter is necessary. Be sure to keep a copy of your application in case the original is lost in the mail. **Applications will not be returned.** When all application documents have been received, including the Letters of Recommendation, applicants may be contacted to schedule a personal interview with members of the Selection Committee. **If you need assistance in completing this application, please contact Dianne Stewart at 801-231-3964 or email at [Lmontgom@aol.com](mailto:Lmontgom@aol.com)**

**Find Application on Line – [www.bpwutahfoundation.org](http://www.bpwutahfoundation.org)**

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# BPW/Utah Foundation Scholarship Application Form

Please type or print all information. All questions must be answered.

## Section I Personal Data

Name: \_\_\_\_\_  
(Last name) (First) (Middle) (Maiden)

Present Address: \_\_\_\_\_  
(Number and Street)

\_\_\_\_\_ (City) (State) (Zip)

Permanent Address: \_\_\_\_\_  
(Number and Street)

\_\_\_\_\_ (City) (State) (Zip)

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Last four digits of Social Security Number: \_\_\_\_\_ U. S. Citizen?  Yes  No

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

How many dependents will you be supporting, excluding yourself during the period covered by this BPW/Utah scholarship application? Children: \_\_\_\_ Adults: \_\_\_\_

## Section II Education Program For Which Scholarship Is Requested

If the program which these funds are requested requires formal admission procedures, have you been accepted?  Yes  No

Name of School: \_\_\_\_\_

Address: \_\_\_\_\_

Is your school  a public or  a private institution ?

Field of study: \_\_\_\_\_

Specific degree/certificate you expect to receive and/or course of study that you expect to complete: \_\_\_\_\_

Will you attend:  part-time or  full-time?

Date course or term for which funds are requested is scheduled to begin: \_\_\_\_\_

When do you expect to complete this course of study? \_\_\_\_\_

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## Section III Financial Statement

**NOTE: Please attach verification of income (e.g., W2, last pay stub).**

**1. Anticipated household income during the period covered by this scholarship application:**

a. *Income*

Net Wages and Salary (after taxes) \_\_\_\_\_  
 Interest and Dividends \_\_\_\_\_  
 Child Support/Alimony \_\_\_\_\_  
 Social Security \_\_\_\_\_  
 Disability Payments (explain) \_\_\_\_\_  
 Welfare \_\_\_\_\_  
 Other (explain) \_\_\_\_\_  
**TOTAL INCOME** \$ \_\_\_\_\_

b. *Assets*

Savings Accounts \_\_\_\_\_  
 Other (explain) \_\_\_\_\_  
**TOTAL ASSETS** \$ \_\_\_\_\_

**2. Anticipated expense during the period covered by this scholarship application:**

a. *Living expenses*

*Per month*

*Per year*

Rent \_\_\_\_\_  
 Utilities \_\_\_\_\_  
 Food \_\_\_\_\_  
 Clothing \_\_\_\_\_  
 Transportation \_\_\_\_\_  
 Childcare \_\_\_\_\_  
 Insurance \_\_\_\_\_  
 Other (explain) \_\_\_\_\_

b. If you have dependents currently enrolled in college or other institutions, what amount do you supply toward their expenses annually?

**TOTAL EXPENSES** \$ \_\_\_\_\_

**3. Anticipated education-related expenses during the period covered by this scholarship application:**

**Note: Please attach verification of tuition, fees, and books.**

a. Tuition and Fees \_\_\_\_\_  
 b. Books and Supplies \_\_\_\_\_  
 c. Transportation \_\_\_\_\_  
 d. Childcare (needed because of studies) \_\_\_\_\_  
 e. Other (explain) \_\_\_\_\_

**TOTAL EDUCATIONAL EXPENSES** \$ \_\_\_\_\_

**4. Funds available to you for your education during the period covered by this scholarship application:**

a. Funds available to you from your income and assets \_\_\_\_\_

b. Funds available to you from scholarships, grants, loans, bequests, or gifts of money that you are sure of receiving in the period covered by this application. \_\_\_\_\_

**TOTAL AVAILABLE FUNDS** \$ \_\_\_\_\_

**5. Total amount requested:** \$ \_\_\_\_\_

If your income or assets are not available for your education, please explain (use additional sheets if necessary). List other sources you have applied to for education assistance and how much you have requested (if you have not applied for any assistance, please explain):

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Please indicate any unusual expenses or other pertinent information concerning your financial assets and obligations, which would be helpful in assessing your need (use additional sheets if necessary).



## Section VIII Personal Accomplishments

In 100 words or less, please describe your most significant accomplishment to date:

## Section IX Additional Personal Information

On a separate piece of paper, please provide an additional personal information that you feel might be helpful to the Selection Committee.

## Section X References

Please list below the two people you have requested to complete the enclosed recommendation forms in support of your application. Letters are accepted from former teachers, school officials, employers, neighbors, friends, or other persons not related to you. **It is your responsibility to verify that these references have been sent.** Applications will not be considered without appropriate references.

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Name: \_\_\_\_\_ Position: \_\_\_\_\_

If we make available a list of scholarship recipients, may we include your name and address?

Yes  No

## Section XI Certification

I certify that to the best of my knowledge the information contained in this application is true and correct. I understand that the application will not be considered for review unless it is signed and dated. I also understand that the application will not be complete until both letters of recommendation and all necessary transcripts are received. It is also my understanding that no material will be returned and that all information in this application is subject to independent verification.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please return completed application to:**

**BPW/Utah Foundation**

**3682 E. Kaibab Circle, Salt Lake City, UT 84109**

**BPW/Utah Foundation  
Scholarship  
Letter of Recommendation**

Please type or print all information.

**Name of Applicant:** \_\_\_\_\_

**To be completed by the recommender:**

Name: \_\_\_\_\_

Position or title: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number (s): \_\_\_\_\_

Email Address: \_\_\_\_\_

Please comment on the following:

1. Capacity in which you have observed the applicant and length of time you have known the applicant
2. Your evaluation of the applicant's past academic, employment or volunteer record
3. Your judgment of the applicant's ability to undertake and complete training
4. Your evaluation of the applicant's career potential
5. Any other information that would assist the Selection Committee

Use the reverse side of this form if necessary, or attach separate document.

Please complete and return to:

BPW/Utah Foundation 3682 E. Kaibab Circle, Salt Lake City, UT 84109

**BPW/Utah Foundation  
Scholarship  
Letter of Recommendation**

Please type or print all information.

**Name of Applicant:** \_\_\_\_\_

**To be completed by the recommender:**

Name: \_\_\_\_\_

Position or title: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number (s): \_\_\_\_\_

Email Address: \_\_\_\_\_

Please comment on the following:

1. Capacity in which you have observed the applicant and length of time you have known the applicant
2. Your evaluation of the applicant's past academic, employment or volunteer record
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