

**Business and Professional Women of New Jersey**  
***“2018 Voice of Working Women Scholarship”***  
***Education Scholarship Award***

Questions? Contact or Call  
Penny Miller, [momlbi@yahoo.com](mailto:momlbi@yahoo.com) (609) 978-8638  
Pat Wittek, [pawittek@aol.com](mailto:pawittek@aol.com) 908-964-3989

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Scholarships restricted to female applicants who have permanent residency in New Jersey. All applicants must be 25 years of age or older. No applications will be accepted if postmarked later than May 1, 2018. Applicants must complete all information requested on the application. One letter of reference and recommendation for award is required. You will receive a confirmation of receipt of your application via Email. If you do not list an Email address you will be notified by regular mail. BPWNJ Foundation reserves the right to award one or multiple scholarships. BPWNJ Foundation reserves the right to determine if all awarded funds were used for their intended purpose. The determination of awards by the Board of BPWNJ Foundation is final.

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

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

Municipality: \_\_\_\_\_

County: \_\_\_\_\_ Zip Code: \_\_\_\_\_

College Attending \_\_\_\_\_ Student ID # \_\_\_\_\_

Mailing Address to send check to: \_\_\_\_\_

Telephone Number: Day \_\_\_\_\_

Evening \_\_\_\_\_ E-Mail: \_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_ Marital Status: M\_\_\_ S\_\_\_ W\_\_\_

Amount requested \_\_\_\_\_ (*not to exceed \$1,000.00*)

Have you ever applied for or been awarded any other BPW local, state or national scholarships? Prior awards do not disqualify you from this year's award.

Yes \_\_\_ No \_\_\_ Year(s) of prior application(s): \_\_\_\_\_

Year(s) of prior award(s): \_\_\_\_\_



**PART I**

***“EDUCATIONAL SCHOLARSHIP”***

Name of college, professional or technical school: \_\_\_\_\_

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

Telephone Number: \_\_\_\_\_

Current enrollment: Yes \_\_\_ No \_\_\_

If No, Date of anticipated enrollment: \_\_\_/\_\_\_/\_\_\_

Full Time: \_\_\_ Part Time: \_\_\_ # of credits earned to date: \_\_\_

GPA: \_\_\_\_\_ Attach one copy of unofficial transcript.

Anticipated date of graduation: \_\_\_/\_\_\_/\_\_\_

List all educational financial assistance for 2017/2018. All grant and loan amounts must be included.

- 1. \_\_\_\_\_ Amount: \_\_\_\_\_
- 2. \_\_\_\_\_ Amount: \_\_\_\_\_
- 3. \_\_\_\_\_ Amount: \_\_\_\_\_
- 4. \_\_\_\_\_ Amount: \_\_\_\_\_

Please provide a brief narrative on the nature of your educational and/or career goals. Attach additional pages if necessary.

**PART II**

***REQUIRED OF APPLICANTS  
“Household Income & Expenses”***

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**I. Please provide a copy of your 2017 Income Tax Return.**

**II. Average Monthly Expenses**

Rent \_\_\_\_\_ Mortgage \_\_\_\_\_ Child Care \_\_\_\_\_

Utilities \_\_\_\_\_ Insurances \_\_\_\_\_ Car Payment \_\_\_\_\_

Food \_\_\_\_\_ Loans \_\_\_\_\_ Transportation \_\_\_\_\_

Total Credit Card Payments \_\_\_\_\_ Tuition \_\_\_\_\_

**TOTAL AVERAGE MONTHLY EXPENSES:** \_\_\_\_\_

Please describe the course and/or seminar. Indicate who provides training. Attach a copy of the brochure and use additional sheets if necessary.

Sign and date: I, \_\_\_\_\_ certify that all information and statements presented by me are true. I am aware that all information provided is confidential. I understand that if my application is willfully false, I forfeit any award and must repay BPWNJ Foundation., within 6 months of legal notification. I agree to have my name, address and/or photograph published for advertising/publicity purposes to benefit the BPWNJ Foundation scholarship fund drive. I will make myself available for an interview. **I am aware that I am expected to attend the awards presentation for the scholarship prepared to discuss with the membership the manner in which this award will help my career path.** I must be a resident of New Jersey and attending a school in New Jersey or taking online courses with a school in New Jersey.

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