

Business and Professional Women New Jersey Foundation
“2018 Voice of Working Women Scholarship”
Equipment Scholarship Award

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

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 award does not disqualify you from this year's award.

Yes ___ No___ Year(s) of prior application(s): _____

Year(s) of prior award(s): _____

Number of Individuals who will live in my/our household during the 2017-2018 year.

Parents/guardians _____ Children _____ Other _____ (if other please explain)

Unusual Circumstances

Check all that apply to your situation within the past 12 months.

<i>a. _____</i>	<i>Loss of job</i>	<i>i. _____</i>	<i>Death in the family</i>
<i>b. _____</i>	<i>Recent separation/divorce</i>	<i>j. _____</i>	<i>Shared custody</i>
<i>c. _____</i>	<i>Change in family living status</i>	<i>k. _____</i>	<i>High debt</i>
<i>d. _____</i>	<i>Change in work status</i>	<i>l. _____</i>	<i>Child support reduction</i>
<i>e. _____</i>	<i>Bankruptcy</i>	<i>m. _____</i>	<i>Medical/Dental expenses</i>
<i>f. _____</i>	<i>College expenses</i>	<i>n. _____</i>	<i>Shared tuition</i>
<i>g. _____</i>	<i>Income reduction</i>	<i>o. _____</i>	<i>Other</i>
<i>h. _____</i>	<i>Illness or injury</i>		

Please explain:

PART I

“BUSINESS EQUIPMENT AWARD”

If applying for a business grant, please provide:

Business Name:

Business Address:

Business Telephone Number:

Start Date: ____/____/____

BUSINESS INCOME ESTIMATE (2017 Totals)

	Schedule C	Schedule E	Schedule F
What is your total estimated gross business taxable income?			
What is your total NET business taxable income/loss?			
If your business pays your home rent or mortgage, what is the annual total?			
If your business pays for your personal automobile, what is the annual total?			
If your business pays any portion of other personal expenses, list total amount.			
If you own rental property, What was the total amount of Rental Income received?			

Please use this space to explain any answers that may need clarification:

Please include a copy of your Business Tax Return

Please provide a brief narrative of the nature of your business and your long-range goals. Attach a separate description of the business equipment you would like to purchase and how it would enhance your business. It is required that you include with this a business supply catalogue depiction that includes the model number and price from a business supply store. (i.e.: a Staples catalogue page.)
 Upon approval of award, payment will be made directly to vendor.

Lined writing area with 30 horizontal lines.

PART II

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

I. Please provide a copy of your 2017 Income Tax Return, if applicable.

II. Average Monthly Expenses

Rent _____ Mortgage _____ Child Care _____

Utilities _____ Insurances _____ Car Payment _____

Food _____ Loans _____ Transportation _____

Total Credit Card Payments _____ Tuition _____

TOTAL AVERAGE MONTHLY EXPENSES: _____

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.**

Signature: _____ Date: _____