

BPW Illinois Educational Foundation

SCHOLARSHIP REQUIREMENTS – RETURNING STUDENT DEPENDENT ON PARENTS



The BPW Illinois Educational Foundation (BPWI-EF), with funding from the Illinois Federation of Business Women Clubs, Inc., (IFBWC) is committed to providing financial assistance to females in the state of Illinois to further education beyond high school. Both organizations view a lack of education as the primary barrier to self-sufficiency and an improved quality of life. For more information about both of these organizations, please visit our websites: IFBWC at www.ifbwc.org and BPWI-EF at www.BPWI-EF.org.

Established in 2018, this scholarship program proudly offers financial assistance for students returning to higher education who meet the following application requirements:

1. Applicant must be female, a U.S. citizen, and a resident of the state of Illinois.
2. Applicant must have previous college/university/trade school credit, and be currently accepted by an accredited college, university, or trade school with the intentions of enrolling either part-time or full-time.
3. Applicant must hold a minimum cumulative grade point average of 3.0 on a 4-point scale as of the completion of their last semester/term of education.
4. While not a sole determining factor, preference may be given to qualified applicants demonstrating financial need.

Application must include the following:

- a cover letter requesting consideration of application;
- a completed application form with all requested information, signatures, and dates;
- a 200-300 word essay (typed) identifying career objectives and explaining plans to use this scholarship to achieve those objectives. If applicant is enrolled in a Master's program, her essay should include how this additional education will benefit her career;
- a higher education transcript that includes all grades received through the final semester attended;
- two (2) signed letters of recommendation from professional, advisory, or educational references (*may include, but not limited to, teachers, coaches, sponsors, mentors, advisers, or employers; avoid personal references like relatives, neighbors, or friends*).

Applications must be submitted by **March 1st**. They may be sent electronically or mailed (postmarked on or before **March 1st** to:

Jessi Wright, BPWI-EF Chair
applications@bpwi-ef.org

The items described in the list above must be submitted together to constitute a complete application. Incomplete applications will not be considered. No exceptions will be made, and all decisions will be final.

Scholarships awarded will be paid directly to the school. For prompt fund distribution, successful recipients must provide proof of graduation, proof of enrollment for fall semester, and school contact information with instructions for payment no later than July 15th.

ILLINOIS FEDERATION OF BUSINESS WOMEN'S CLUBS
**SCHOLARSHIP APPLICATION – RETURNING STUDENT
DEPENDENT ON PARENTS**



APPLICANT INFORMATION

Name _____

Address _____

City _____ State _____ Zip _____

Email _____

Phone Number _____ Date of Birth _____

Are you a U.S. Citizen? YES NO

High School Attended _____ Year of Grad/GED _____

College/Trade School Previously Attended (*name, address, dates attended*):

College/Trade School Attending in Fall Semester (*Include the name and address, if different*):

Major(s)/Field(s) of Study _____

Degree Currently Pursuing: Certificate Associate Bachelor Master Doctorate

Total Credit Hours Completed (*all programs*) _____ Cumulative GPA _____

Anticipated Credit Hours Enrolled Fall Semester _____

PARENT/GUARDIAN INFORMATION

Parent/Guardian 1 _____

Address (*if different*) _____

City _____ State _____ Zip _____

Phone Number _____ Relationship to Applicant _____

Employment (*Company, Title*) _____

Number of Dependents in Household _____ Dependents' Ages _____

Parent/Guardian 2 _____

**Complete number will be requested from scholarship winners for identification and fund disbursement purposes only. All information on this application will be kept confidential and will never be shared with any other parties.*

Address (if different) _____

City _____ State _____ Zip _____

Phone Number _____ Relationship to Applicant _____

Employment (Company, Title) _____

Combined adjusted gross income for applicant’s primary household (check one):

Under \$25,000 \$25,000-\$50,000 \$50,001-\$75,000 \$75,001-\$100,000 Over \$100,000

FINANCIAL NEED

Annual Tuition \$ _____ Annual Room and Board \$ _____

Expected living arrangements: On Campus Off Campus At Home

How did you hear about this scholarship? _____

Anticipated cost for the school year: _____ - _____
(beginning month/year) (ending month/year)

DESCRIPTION		COST ESTIMATE
DIRECT EXPENSES	Tuition & Fees	\$
	Books & Materials	\$
INDIRECT EXPENSES	Rent, Utilities, Phone	\$
	Food	\$
	Personal Expenses	\$
	Transportation	\$
	Other	\$
Total		\$

DESCRIPTION COST ESTIMATE

How do you plan to finance your graduate education?

Self \$ _____ Family \$ _____ Scholarships \$ _____ Loans \$ _____

Other \$ (Specify) _____

List other scholarships for which you have applied.

How was your undergraduate education financed? Self \$ _____ Family \$ _____

Scholarships \$ _____ Loans \$ _____ Other (specify) \$ _____

Amount still outstanding? \$ _____

**Complete number will be requested from scholarship winners for identification and fund disbursement purposes only. All information on this application will be kept confidential and will never be shared with any other parties.*

Explain any special circumstances:

AWARDS AND RECOGNITION

Please list any awards, honors, and recognition received (*include high school if within past five years, post-secondary school and non-school*). Use an additional piece of paper, if needed.

EXTRA-CURRICULAR ACTIVITIES

Please list any sports, extra-curricular activities, organizations, and volunteer activities in which you regularly participate, as well as any leadership roles or offices held (*include high school if within past five years, post-secondary school and non-school*). Use an additional piece of paper, if needed.

I certify that all the information on this application is true and correct to the best of my knowledge, and I understand that any inaccuracies will result in my being disqualified for this scholarship.

Signature of Applicant _____ Date _____