



Upper Perkiomen Business and Professional Women Adult Education Scholarship

**THIS APPLICATION MUST BE USED TO BE CONSIDERED.
NO OTHER APPLICATIONS WILL BE ACCEPTED.**

I. PERSONAL DATA

Name: _____
(Last) (First) (Middle) (Maiden)

Present Address: _____
(Number, Street and Box Number)

(City) (State) (Zip)

Email Address: _____

Permanent Address: _____
(Number, Street and Box Number)

(City) (State) (Zip)

Home Phone: _____ Work: _____ Cell: _____

Last 4 digits of Social Security Number: _____ Are you a U.S. Citizen? _____

Date of Birth: _____ Age: _____

Marital Status: _____ Are you a Military Veteran? Yes _____ No _____

How many dependents will you have during the period covered by this Scholarship Application?

Number: _____ Ages: _____ Relationship: _____

Are you a BPW Member? Yes _____ No: _____

No _____ If no, are you related to a BPW/PA Member: _____

Are you a resident of the Upper Perkiomen School District? _____



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II. EDUCATIONAL PROGRAM FOR WHICH SCHOLARSHIP IS REQUESTED

You must be accepted into a program offered by an accredited post high school educational institution to be eligible for scholarship consideration.

Official name of the accrediting agency for your school: _____

Your application will be considered **INCOMPLETE** unless the above question is answered. Contact an official at your school for this information if unknown to you.

Name of School: _____

Street Address: _____

City, State & Zip: _____

Financial Aid Office address, as scholarship funds when granted are paid directly to the institution:

Student ID Number: _____

Have you been accepted into the program for which you request funds: Yes___ No___?

Field of Study: _____

Specific Degree/Certificate you expect to receive: _____

Will you attend: Part time: _____ Full Time: _____

Date Course or Term is scheduled to begin: Month: _____ Year: _____

When do you expect to complete your course of study? Month: _____ Year: _____

III. FINANCIAL STATEMENT

Full disclosure is required for consideration. Please use additional sheets if needed.

Current total indebtedness for loan(s): _____

Type of loan(s): _____



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Other personal liabilities (please specify): _____

A. ANTICIPATED INCOME DURING THE YEAR COVERED BY THIS APPLICATION

1. Household Income (yours and others in household)

(a) Yours

(b) Others in Household

Net Wages/Salary _____
(after employment taxes)

Interest/Dividends _____

Child Support/Alimony _____

Social Security _____

Disability Payments _____

Welfare _____

Other (specify) _____

TOTAL INCOME _____

2. Tuition Reimbursements from employment or other sources:

\$ _____ \$ _____

If the above assets or income in the household of others are unavailable for your education, please explain why:



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B. ANTICIPATED EXPENSES DURING YEAR COVERED BY THIS APPLICATION:

1. Total living expenses: \$ _____
(rent, food, clothing, transportation, etc.)
2. If you have dependents currently enrolled in college or other institutions, what amount do you supply toward their expenses annually? \$ _____

C. ANTICIPATED EDUCATION EXPENSES DURING THE YEAR

1. Tuition \$ _____
2. Room/Board/Rent \$ _____
3. Books, Supplies, etc. \$ _____
4. Transportation \$ _____
5. Child care (for your dependents) \$ _____
6. Other (specify) \$ _____

TOTAL EDUCATION AND RELATED EXPENSES \$ _____

D. FUNDS AVAILABLE TO YOU FOR YOUR EDUCATION DURING THE YEAR FOR WHICH YOU ARE APPLYING.

1. Funds available to you or deficit from household income after living expenses \$ _____
2. Funds available to you from household assets for your education \$ _____
3. Funds available to you from scholarships grants, loans, bequests or gifts of money that you anticipate receiving, during the year covered by this application \$ _____

TOTAL AVAILABLE FOR EDUCATION \$ _____

TOTAL NEEDED \$ _____

TOTAL REQUESTED \$ _____



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V. VOLUNTEER AND PAID EMPLOYMENT

List your work experience in chronological order, starting with most recent. Insert extra pages if additional space is required. Resumes may be attached.

Do you anticipate working while you continue your education? Yes ___ No ___

Where/Type of employment: _____

Other pertinent information about you, such as honors, awards, volunteer experience etc.

If you are a homemaker re-entering school, please indicate the dates at home and any other information you believe is relevant.



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VI. CAREER OBJECTIVES

PLEASE TYPE THE ANSWER TO THE FOLLOWING QUESTION AND ATTACH TO APPLICATION

Discuss, in your own words, your specific short-term career goals. How will your proposed education help you to accomplish these goals? Why is this goal important to you in making a difference in today's world?

VII. I certify that to the best of my knowledge the information contained in this application is true and correct. I understand this application will not be considered for review unless it is signed and dated. I also understand that the application will not be complete until all transcripts since high school are received by the deadline date. It is also my understanding that no materials will be returned and may be destroyed after selection has been made.

SIGNATURE

DATE

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*****THE COMPLETED APPLICATION ALONG WITH PREVIOUS YEARS HOUSEHOLD INCOME INFORMATION AND ANY ADDITIONAL SUPPORTING MATERIAL MUST BE SUBMITTED AND MAILED AS ONE PACKAGE TO THE INDIVIDUAL LISTED AT THE ADDRESS INDICATED ON THE SCHOLARSHIP APPLICATION. MATERIALS WILL NOT BE RETURNED. PHOTO COPIES WILL BE ACCEPTED.**

Packets should be submitted to:

Tina Thomas
Perkiomen Valley Printing, Inc.
114 Main Street
East Greenville, PA 18041
tinathomas918@gmail.com
215.833.4391