



Business and
Professional
Women/Calusa

BUSINESS AND PROFESSIONAL WOMEN/CALUSA

READ ALL INSTRUCTIONS CAREFULLY
INCOMPLETE AND/OR ILLEGIBLE
APPLICATIONS WILL BE DISCARDED
WITHOUT NOTIFICATION

Scholarship applications must be
postmarked by June 30th, 2020
and mailed to:

Calusa Business and Professional
Women's Organization
P.O. Box 447
Port Richey, FL 34673-0447

For further guidance or questions:
Jackie Skelton, President
727-277-6110

Scholarship
Application



Business and
Professional
Women/Calusa

P.O. Box 447 Port Richey, FL 34673-0447

Scholarship Application

PURPOSE OF THE SCHOLARSHIP: Scholarship is intended to provide financial aid to Pasco County women pursuing a higher education at a Florida-based college, university, technical school or other accredited higher learning institution.

AMOUNT OF THE SCHOLARSHIP: Awards are given for a one-time payment based on financial need and educational merit. Funds are to be used for tuition or fees and are made payable to the scholarship recipient and institute. Dollar amounts of the scholarship will depend on the amount of funds raised from events throughout the year and split among eligible recipients.

ELIGIBILITY CRITERIA: Applicants must:

- Mail all application material in its entirety postmarked by June 30th, 2020
- Be a full-time or part-time female student currently enrolled in Community College, State or Private University, Trade School or other accredited institution of higher learning
- Be a resident of Pasco County
- Be a citizen of the United States
- Maintain a 3.0 or greater GPA based on a 4.0 scale
- Commitment to community "to advance equity for all women in the workplace through advocacy, education and information."

APPLICANT MUST PROVIDE:

- Completed application form
- Proof of Pasco residency (driver's license or utility bill)
- Proof of US citizenship (birth certificate, naturalization papers or passport)
- Most recent semester transcripts to prove GPA of 3.0 or higher on a 4.0 scale
- Three (3) letters of recommendation dated and signed on letterhead paper

BPW/FL Promotes Full Participation, Equity and Economic Self-Sufficiency for Working Women.

BPW Calusa Scholarship

www.bpwcalusa.org

PERSONAL DATA SHEET

Information must be completed by APPLICANT

Name: _____

Address: _____

Telephone: _____ E-mail: _____

Please use additional paper if needed

List extracurricular activities and hobbies:

List scholastic honors and other distinctions:

Volunteer history – List organizations, dates, and hours worked:

INSTITUTION INFORMATION

Name of institution applied to or currently attending: _____

Address of institution: _____

Have you been accepted? (Circle) YES NO

Major Area of Study: _____

Career Objective: _____

Expected date of graduation: _____

Tuition expenses: All lines must be filled out, if none, please indicate \emptyset

Do you plan to live on campus? (Circle) YES NO

Tuition \$ _____
On Campus Room \$ _____
Off-Campus Residence \$ _____
Board/Meals \$ _____
Books \$ _____
Mandatory fees \$ _____
TOTAL COST: \$ _____

FINANCIAL NEED INFORMATION

Who is paying for your education?

Family _____ %
Self _____ %

Other Assistance

Scholarship _____ %
Loan(s) _____ %

Other

Specify _____ %
_____ %
100%

Have you applied for or received other scholarships or loans to date? (Circle) YES NO

If YES, list by name, amount, coverage, and if received or not:

Do you plan to work while at school? (Circle) YES NO

Type of job: _____ Hours/week: _____

Do you have a work/study scholarship? (Circle) YES NO

Additional information you would like the scholarship committee to know:

ESSAY

On a separate piece of paper, please type answers to explain the following:

1. How will your education allow you to contribute to this community in the future?
2. Who has been the most supportive person in your life? How and why?
3. Explain your leadership abilities.
4. Explain why you should receive the scholarship.

I understand and agree that if awarded a scholarship, my name, program of study, school of attendance, and the name of the scholarship awarded will be publicized by BPW Calusa, by means including but not limited to the following: website/internet, press release, newsletter, newspaper and verbal announcement at Florida BPW- related events. I understand and agree that in addition to the information above, my contact information may be distributed internally to BPW Calusa members for networking and follow-up purposes.

Signature: _____ Date: _____

***BPW special student rate is only \$36 for the year. Your membership and participation will be greatly appreciated.