

# Uptown Midland Business & Professional Women Scholarship Application

## I. Personal Data

Full Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ SS#: \_\_\_\_\_

Birthplace: \_\_\_\_\_ Date: \_\_\_\_\_

Marital Status: \_\_\_\_\_ DL#: \_\_\_\_\_

Spouse's Name \_\_\_\_\_

Spouse's Employer \_\_\_\_\_

Spouse's Occupation \_\_\_\_\_

Dependents and Ages: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Personal Interests and Community Involvement:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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## **II: Education**

High School: \_\_\_\_\_

Where: \_\_\_\_\_ Graduation Date: \_\_\_\_\_

Date and Place of GED: \_\_\_\_\_

College Currently Attending: \_\_\_\_\_

Expected Completion Date: \_\_\_\_\_ GPA: \_\_\_\_\_

Honors or Awards: \_\_\_\_\_

Other Education: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## **III. Career and Education Plans**

Future College or University: \_\_\_\_\_

Field of Study: \_\_\_\_\_

Number of Hours per Semester: \_\_\_\_\_

Enrollment: \_\_\_\_\_ FALL \_\_\_\_\_ (yr.) \_\_\_\_\_ SPRING \_\_\_\_\_ (yr.)

**Please submit a memo (typed or handwritten) describing your long term educational and career objectives. Explain how this scholarship will assist you in meeting your objectives. Explain special circumstances that make it difficult for you to pay your college expenses.**

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## **IV. Employment**

Last three positions held, beginning with the most recent:

Employer: \_\_\_\_\_

Location: \_\_\_\_\_

Dates Employed: \_\_\_\_\_ F/T or P/T: \_\_\_\_\_

Brief description of responsibilities: \_\_\_\_\_

\_\_\_\_\_

Employer: \_\_\_\_\_

Location: \_\_\_\_\_

Dates Employed: \_\_\_\_\_ F/T or P/T: \_\_\_\_\_

Brief description of responsibilities: \_\_\_\_\_

\_\_\_\_\_

Employer: \_\_\_\_\_

Location: \_\_\_\_\_

Dates Employed: \_\_\_\_\_ F/T or P/T: \_\_\_\_\_

Brief description of responsibilities: \_\_\_\_\_

\_\_\_\_\_

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## V. References

Two letters of recommendation are to be sent directly to the scholarship committee from persons other than relatives who have known you for at least one year. The recommendation forms are attached.

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Name of reference	Phone #
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Name of reference	Phone #
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## VI. Sources and Amounts of Income

Are you considered self-supporting for income tax purposes? \_\_\_\_Y \_\_\_\_N

Please indicate the total amount of financial support you expect to receive **during the next year** from the following sources:

Parents: \_\_\_\_\_ Personal Employment: \_\_\_\_\_

Spouse: \_\_\_\_\_ Scholarships/Grants: \_\_\_\_\_

List any other funds you expect to receive:

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Please indicate your income for **last year**:

Total gross **personal income** last year:

\_\_\_\_\_ Under \$5,000                      \_\_\_\_\_ \$25,000 to \$35,000

\_\_\_\_\_ \$5,000 to \$15,000                      \_\_\_\_\_ \$35,000 to \$45,000

\_\_\_\_\_ \$15,000 to \$25,000                      \_\_\_\_\_ \$ more than 45,000

Total gross **household income** last year:

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_____ Under \$15,000	_____ \$35,000 to \$45,000
_____ \$15,000 to \$25,000	_____ \$45,000 to \$55,000
_____ \$25,000 to \$35,000	_____ more than \$55,000

### VII. Additional Information

Applications should be accompanied by copies of high school or college transcripts whichever is the most recent.

Mail applications to:      Uptown Midland Business & Professional Women  
   Scholarship Chair  
   PO Box 3895  
   Midland, TX 79702

How did you find out about this scholarship? \_\_\_\_\_

I hereby formally request that I be considered for a BPW Scholarship Award. I have read the attached *Scholarship Eligibility Requirements*, and submit the following information freely and willingly to the BPW scholarship committee to assist them in their selection of a scholarship recipient. I have completed all the information on this application and certify that it is accurate.

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