

SCHOLARSHIP APPLICATION

Business Women of Missouri Foundation, Inc.
PO Box 28243, Kansas City, MO 64188
(A Non-Profit Organization)

“The Missouri Federation is committed to women helping women through education, legislation and building self-sufficiency.”

The Business Women of Missouri Foundation, Inc. has been founded as a nonprofit organization.

A. The aim of the Foundation is to promote full participation, equity and economic self-sufficiency for working people through research, education and information.

B. The Foundation expects to work alone or with other persons, organizations, or institutions to further such educational goals.

ELIGIBILITY REQUIREMENTS: Some general guidelines for applicants include:

1. Be a citizen of the United States, and be a resident of the State of Missouri.
2. Show evidence of acceptance into an accredited program or course of study.
3. Demonstrate need for financial assistance to upgrade skills and/or to complete education for career advancement.
4. Present a plan which identifies goals and objectives

C. The Foundation strives to prepare people for the competitive and technological demands that face our nation's workers into the next century.

The scholarships are awarded in April at the annual BWM State Conference.

The completed application must be received by January 15.

You may submit your application using one of the following methods:

1. Go to: www.businesswomenmo.org and complete the application online and submit following instructions on the form. Create a new email to jo.mofedbpw@gmail.com, put “SCHOLARSHIP APP” in subject line and attach your letters of recommendation and transcripts.
2. Go to: www.businesswomenmo.org and download the ScholarshipApp.doc (a Word document). Save the file as “YourNameScholarshipApp.doc and create an email to: jo.mofedbpw@gmail.com. Include “SCHOLARSHIP APP” in subject line. Attach your completed application and all letters of recommendation and transcripts
3. Go to: www.businesswomenmo.org. Download the ScholarshipApp.doc (a Word document). Complete the application, print your application, include all letters of recommendation and transcripts and mail to the PO Box listed above. The package must be postmarked by Jan. 15.

ONLY TYPEWRITTEN OR ELECTRONIC APPLICATIONS WILL BE ACCEPTED

To request further information or an application, please contact:

Erica Carmean, Scholarship Committee Chair
erica.carmean@blessinghospital.com

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SCHOLARSHIP APPLICATION

APPLICATION MUST BE RECEIVED VIA EMAIL OR BY USPS BY JANUARY 15

I. NAME OF APPLICANT

STREET ADDRESS

CITY

STATE

ZIP

TELEPHONE: (PLEASE INCLUDE AREA CODES)

HOME

WORK OR CELL

email address:

BirthDate (mm/dd/yyyy)

Check one or more of the boxes below for scholarships which you wish to apply:

I wish to be considered for the Phyllis Sanders Scholarship
I am a member of Local BWM _____
(Note: The Phyllis Sanders Scholarship is available ONLY to BWM Members in good standing)

I wish to be considered for either the Sanders or the General Scholarship.

I wish to be considered for the Judge Hazel Palmer General Scholarship for a degree leading to public service.

I wish to be considered for the Hazel L. Kohring Woman in Transition Scholarship.

I wish to be considered for the Elizabeth Halpin Scholarship

I wish to be considered for the General Scholarship.

Please enter the following information

II. EDUCATION: List schools attended and/or any in which you are currently enrolled:

School

Location

Field of Study:

Expected Graduation Date:

School or Institution:

Are you presently attending school?

If NOT, please explain why: (Use only space provided)

III. ACHIEVEMENTS: Note any achievements and/or specific recognitions received in your field of endeavor.)
 (USE ONLY SPACE PROVIDED)

IV. COMMUNITY INVOLVEMENT: List professional and/or civic affiliations.
 (USE ONLY SPACE PROVIDED)

V. FINANCES:

Gross annual family income:

Number of people in family (include college age children, if you are their sole support):

Gross annual income of applicant:

Source:

Are you currently receiving a scholarship or fellowship?

If yes, source Amount:

Other sources of income or assistance (Pell Grants, ADC, HYD, etc.):

PROJECTED EDUCATIONAL EXPENSES:

Tuition (per semester):

Books (per semester):

Transportation (per semester):

Housing (per semester):

Other (daycare, etc.) Please itemize:

VI. STATEMENT OF INTENT:

A. Summarize your present and long range career goals: (USE ONLY SPACE PROVIDED)

B. Upon completion of your program of study, how will you participate in and contribute to your community?
(USE ONLY SPACE PROVIDED)

C. Why do you feel you would make a good recipient? (USE ONLY SPACE PROVIDED)

D. Please describe any special circumstances which may have influenced your ability to continue or complete your education. (USE ONLY SPACE PROVIDED)

**INCLUDE THE FOLLOWING IN YOUR ELECTRONIC SUBMISSION
OR INCLUDE IN THE ENVELOPE YOU ARE MAILING**

VII. PROVIDE THREE (3) LETTERS OF RECOMMENDATION:

One (1) each of the following:

- (1) Academic (from a teacher or administrator)
- (1) Personal (from an acquaintance other than a family member)
- (1) Professional (from a boss or supervisor, a leader or member of a civic organization that you volunteered service, or an educator.

VIII. PROVIDE CURRENT TRANSCRIPT (if not more than 5 years old) and current resume.

IX. AGREEMENT.

- It is hereby understood that my application and supporting information becomes the property of the Business Women Of Missouri Foundation, Inc., and they shall have discretionary authority in any matter pertaining to this award.
- I understand that this award may be taxable in the United States. (See Internal Revenue Service Tax Code for Information)
- I certify that the information in this application is complete and accurate to the best of my knowledge and I will notify the Business Women Of Missouri Foundation, Inc. if there are any changes.

Signature of Applicant

Date:

Your name will serve as an "electronic signature"

**COMPLETED APPLICATIONS, LETTERS OF
RECOMMENDATION & TRANSCRIPTS MUST BE RECEIVED BY THE
Business Women of Missouri Foundation, Inc.**

BY January 15.

www.businesswomenmo.org

SCHOLARSHIP CHECKLIST	
	1. Scholastic Record
	2. Financial Needs
	3. Other Sources of Income
	4. Achievements
	5. Community Involvement
	6. Career Goals
	7. Personal Statement
	8. Recommendations

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SUBMIT