**PURPOSE**

**Business and Professional Women (BPW) has clubs across the state of Arkansas. The club promotes equity for all women in the workplace through advocacy, education, and information. BPW offers members professional development programs, networking, participation in grassroots activities, and opportunities to help other women through scholarships.**

**The Lawrence County Business and Professional Women are pleased to issue a call for scholarship applications to female candidates. Applicants must meet the requirements below and use scholarship funds for expenses related directly to school attendance at an accredited institution.**

**CRITERIA**

 Applicants selected a scholarship must meet the following criteria:

1. Must be female and a Resident of Lawrence County, Arkansas.
2. A current student enrolled in a high school or home schooling program located in Lawrence County, Arkansas. May not be a high school graduate.
3. Have a definite career plan related to educational and lifetime goals.
4. Show a clear record of attention to study as well as a dedication to service toward the community or school.
5. Submit an application with required attachments according to the instructions provided herein AND prior to the stated deadline for submissions. Incomplete and/or late applications cannot be considered.

**APPLICATION**

 Each applicant must submit the following on or before the application deadline:

1. Attached application completely filled out.
2. High School Transcript.
3. Applicant’s personal statement of goals (MUST BE TYPED AND SIGNED).
4. Returned to the Scholarship Committee via your high school counselor or mailed to the following address: 700 NW 4th ST. Walnut Ridge, AR 72476
5. Returned prior to the stated application deadline date.

**DEADLINE DATE**

**THE DEADLINE DATE FOR CONSIDERATION IS**

**\_\_\_\_\_\_\_\_\_\_\_March 31, 2020\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Letter(s) of recommendation are considered, but not required.

**Walnut Ridge Business and Professional Women**

**Scholarship Application**

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 First Middle Last

Telephone Number (s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

Marital Status of parents: Single \_\_\_\_\_ Married \_\_\_\_\_ Widowed \_\_\_\_\_ Divorced \_\_\_\_\_\_

With whom do you live? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father’s Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 His Job Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 His duties: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother’s Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Her Job Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Her duties: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List names and ages of all siblings:

|  |  |
| --- | --- |
| Name | Age |
|  |  |
|  |  |
|  |  |
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List any family members currently attending college and where they are attending:

|  |  |  |
| --- | --- | --- |
| Name | Relationship | College Attending |
|  |  |  |
|  |  |  |
|  |  |  |

Name of College you plan to attend: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of your second choice college: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Scholarships you have applied for:

|  |  |  |
| --- | --- | --- |
| Name of Scholarship | Amount | Check one |
|  |  | Granted | Pending |
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ACT Score: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*\*\*\*\*\*PLEASE ATTACH A TRANSCRIPT SHOWING YOUR GPA

Are there any special circumstances that should be considered about you in the selection process (Family or personal medical conditions, family situations, etc.)?

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What is the most important contribution you have made to your school or community while in school?

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What person or event has influenced your decision to further your education past high school and why?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**PERSONAL STATEMENT**

Attach to this application a **personal statement** explaining your long-range personal and career plans, and explain why you deserve to be considered for this scholarship. Statement should be 200 words or less and should be typewritten.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**AWARDS, ACTIVITIES, AND HONORS**

Complete each section and limit your lists to the spaces provided:

List any academic subject awards you have received in grades 9-12. List any leadership or service awards you have received. If you have more data than space, then select the most important data for the space provided.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Honor or Award | Selected By | Grade | Honor or Award | Selected By | Grade |
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List offices you have held in high school. List memberships in clubs, organizations, musical or arts groups, and athletic teams. If you have more data than space, then select the most important data for the space provided.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Office or membership held | Club orOrganization | Grades | Office or membership held | Club or Organization | Grades |
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List ways you have served either your school or community through activities (in or out of school).

|  |  |  |
| --- | --- | --- |
| Activity | Sponsoring Group | Date(s) involved |
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Please sign and date your application:

I certify by signing below that I am applying for the BPW scholarship, that I have read the requirements and criteria of the scholarship, and that I qualify for consideration for this scholarship.

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Name Date