

DOLORES “DEE” ELDRIDGE SCHOLARSHIP APPLICATION

Applications must include all supporting documents, i.e. transcript or proof of enrollment, letters of reference, essay, and any attachments to application, included at time of submission. Please type or print information. Incomplete applications will not be considered or returned. (See attached worksheet.)

Deadlines for submission: June 30

Postmark acceptable. Attach separate sheet if necessary.

APPLICANT _____

MAILING ADDRESS _____

TELEPHONE(S) _____

EMAIL _____

DATE OF BIRTH _____

NAME OF INSTITUTION
ATTENDING _____

ADDRESS _____

DATES OF ATTENDANCE _____

CURRENT CLASSES/UNITS AND GPA (ATTACH PROOF OF
ENROLLMENT/TRANSCRIPTS) _____

AWARDS, HONORS OR SCHOLARSHIPS
RECEIVED _____

EDUCATIONAL GOAL AND REASON FOR CHOOSING THIS GOAL

PLANS AFTER RECEIVING YOUR CERTIFICATE OR DEGREE

LIST EMPLOYMENT & VOLUNTEER ACTIVITIES EXPERIENCED

OUTSIDE INTERESTS

Submit completed application with all attachments to:
BPW of Nevada County – DDE Scholarships – c/o Charlotte Cammon
P.O. Box 291
Grass Valley, CA 95945

Candidates will be evaluated by the BPW Scholarship Board, using a point system as follows:

- 1. Goals (20 possible points)**
- 2. Essay (20 possible points)**
- 3. Financial Need (20 possible points)**
- 4. Current Letters of Reference (20 points)**
- 5. Forms and paperwork (20 points)**

FINANCIAL STATEMENT

INCOME:

Wages _____
Public Assistance _____
Child Support/Alimony _____
SNAP/TANF _____
Interest/Dividends _____
Social Security _____
Disability Income _____
Housing Assistance _____
Income other source _____
Paid by others, ie. Roommate _____

TOTAL INCOME _____

EXPENSES

Rent/Mortgage _____
Property Taxes _____
Home/Renters Insurance _____
Car Payments _____
Car Insurance _____
Other Loan Payments _____
Health Insurance _____
Day Care/Elder Care _____
Home Gas/Propane _____
Electricity _____
Cable/Television _____
Internet _____
Trash Collection _____
Water _____
Telephone/Cell Phone _____
Food _____
Transportation/Gas _____
Car Repairs/Maintenance _____
Education _____
Personal Expense _____
Credit Card(s) _____

TOTAL EXPENSES _____

**Remember to include income and expenses that do not occur on a monthly basis.
(Example: yearly car repair average divided by twelve months)
I certify that the above information is true and correct.

Date

Name

NUMBER AND AGES OF DEPENDENTS (FOR WHOM APPLICANT IS RESPONSIBLE)

_____	_____
_____	_____
_____	_____
_____	_____

**REFERENCE LETTERS:
THREE MUST ACCOMPANY APPLICATION. MAY NOT BE RELATIVES.
LETTERS MUST BE DATED. NAMES, ADDRESSES & PHONE NUMBERS
MUST BE INCLUDED:**

ESSAY: PLEASE WRITE AND INCLUDE YOUR PERSONAL ESSAY, 200 WORDS (MIN) , ON “A WOMAN’S ISSUE THAT CONCERNS ME MOST.”

I hereby certify that I am 25 years of age or older, a resident of Nevada County, I have successfully completed at least one semester’s work at an accredited school or have completed one half of an accredited vocational training program, and further, I am currently attending the above-cited school or training program at least half time (carrying at least 6 units), and further, I have a GPA of 2.5 or higher. I agree with BPW’s mission statement and legislative issues.

Signed: _____ Date: _____

