

**THE HELGA ROHL ENCOURAGEMENT AWARD**

Applications must include all supporting documents, i.e proof of enrollment, letters of reference, essay, and any attachments 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 PROGRAM  
ATTENDING \_\_\_\_\_

ADDRESS \_\_\_\_\_

DATES OF ATTENDANCE \_\_\_\_\_

CURRENT CLASSES (ATTACH PROOF OF  
ENROLLMENT) \_\_\_\_\_

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

AWARDS, HONORS OR SCHOLARSHIPS  
RECEIVED \_\_\_\_\_

\_\_\_\_\_

PROFESSIONAL GOAL \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PLANS AFTER COMPLETING THE PROGRAM

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LIST EMPLOYMENT & VOLUNTEER ACTIVITIES EXPERIENCED

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**Submit completed application with all attachments to:**  
**BPWNC – HREA**  
**P.O. Box 291**  
**Grass Valley, CA 95945**

**Candidates will be evaluated by the BPW Scholarship Board as follows:**

- 1. Goals**
- 2. Essay**
- 3. Financial Need**
- 4. Current Letters of Reference**
- 5. Forms and paperwork**

# FINANCIAL STATEMENT

(Please mark NA for any area not applicable)

## INCOME (Monthly)

Wages	_____
Public Assistance	_____
Child/Spousal Support	_____
SNAP/TANF	_____
Interest/Dividends	_____
Social Security	_____
Disability Income	_____
Housing Assistance	_____
Income other source	_____
**Paid by others	_____
*Grants	_____
<b>TOTAL INCOME</b>	_____

## EXPENSES (Monthly)

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)	_____
**Other	_____
<b>TOTAL EXPENSES</b>	_____

**\*Remember to include income and expenses that do not occur on a monthly basis. (Example: yearly car repair average divided by twelve months)**  
**\*\*If you receive any financial help from family, friends, spouse, roommate, etc., please include it here.**

I certify that the above information is true and correct.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name

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

_____	_____
_____	_____
_____	_____
_____	_____

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**REFERENCE LETTERS:  
TWO LETTERS MUST BE CURRENT (WITHIN THE LAST YEAR). LETTERS MUST BE DATED, SIGNED. NAMES, ADDRESSES & PHONE NUMBERS MUST BE INCLUDED:**

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**ESSAY: PLEASE TELL US ABOUT YOURSELF IN 200+ WORDS (MIN)**  
(Attach separate sheet)

I hereby certify that I am 25 years of age or older, a resident of Nevada County. I have applied and been accepted to the program described above. I have read, understand and agree with BPW's mission statement.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_