

THE HELGA ROHL ENCOURAGEMENT AWARD APPLICATION FORM

Please make sure you meet these requirements for consideration: a woman resident of Nevada County; age 25+; able to show financial need; and registered with, or currently enrolled in, a degree program OR a non-degree certification program.

Awards are given year-round. Upon receipt of your application, we will contact you with a timeline of next steps.

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

Applicant Name _____

Mailing Address _____

Home landline (_____) _____ Cellphone (_____) _____

Email _____

Date of Birth _____

Name of Program
Attending _____

Address _____

Dates of Attendance _____

Current or upcoming Classes (Attach Proof of Registration. Screen capture is OK.)

Awards, Honors or Scholarships
Received _____

Professional Goal(s)

Plans After Completing the Program

Employment & Volunteer Activities

Essay: provide as a separate sheet. See the Worksheet for details.

Mail your completed application with all attachments and completed worksheet to:

BPWNC – HREA
P.O. Box 291
Grass Valley, CA 95945

Candidates will be evaluated by the BPW Scholarship Committee as follows:

1. Goals
2. Essay
3. Financial Need
4. Current Letters of Reference: one from an employer, volunteer manager or instructor, and the other a character reference (such as from a friend or co-worker)
5. Forms and paperwork

FINANCIAL STATEMENT

Please provide your best estimates of **MONTHLY** income and expenses. Use “NA” for any section not applicable. For non-monthly expenses (e.g., car repair & insurance), estimate your annual expense and divide by 12.

INCOME each month	\$
Wages/Salary	
Public Assistance (incl. SNAP/TANF, housing assistance, Social Security/ Disability, WIC, food stamps, etc.)	
Child Support/Spousal Support	
Other Income source	
Scholarships, Grants, Financial aid	
*Other income non-monthly (including from family, friends, spouse, roommate, etc.)	
TOTAL INCOME	
EXPENSES each month	
Rent/Mortgage/Property Taxes	
Home/Renters Insurance	
Car Payments	
Car Insurance, Car Repairs/Maintenance	
Other Loan Payments	
Health Insurance	
Food: Groceries, fast food, dining out	
Utilities: Gas/Propane, Electricity, Trash, Water, Sewer	
Child Care/Elder Care	
Cable/Television/Internet	
Telephone/Cell Phone	
Gas/Parking	
Education/Tuition/Fees	
Credit Card(s) payments	
Other Personal Expense	
*Other	
TOTAL EXPENSES	

***Remember to include income and expenses that do not occur on a monthly basis.**

I certify that the above information is true and correct to the best of my ability.

_____ Date

_____ Name

NAMES AND AGES OF DEPENDENTS FOR WHOM APPLICANT IS RESPONSIBLE

_____	_____
_____	_____
_____	_____
_____	_____

REFERENCE LETTERS:

Two letters, which must be current (within the last year). Letters must be dated and signed, and include the names, addresses & phone numbers of the signers.

1. One letter from an employer, volunteer manager or instructor
(name) _____
2. One letter with a character reference (such as from a friend or co-worker)
(name) _____

ESSAY: PLEASE TELL US ABOUT YOURSELF IN 12 TO 15 SENTENCES (MIN)
(Attach separate sheet)

WORKSHEET: Include the completed Worksheet (checklist of required items and dates completed) in the application packet.

I hereby certify that I am 25 years of age or older and 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: _____