

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 BPWNC Education Fund**

**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: _____

