



## BPW/Maine Continuing Education Scholarship

### Information for Scholarship Applicant

The **BPW/Maine Futurama Foundation** awards a scholarship in the amount of **\$1200** to a woman enrolled in, or returning to, an accredited college or training program of more than one year in length.

The Continuing Education Scholarship is designed to assist a student 22 years of age or older in meeting educational expenses after the first year of study has been completed. *The scholarship payment will be made directly to the school to be applied to the second academic semester. The Maine Community Foundation will send a check in December to school/college; if student is still enrolled, both school/college and student must sign check.*

### Criteria

The applicant must meet the following requirements:

- Be a Maine resident who has completed or will have completed by the end of the spring semester at least one year of college of an accredited training program requiring attendance for more than one year.
- Need financial assistance to complete educational program.
- Have a definite plan to complete the educational program.
- Be a student in good standing at the educational institution or on approval leave of absence of not more than a year.

### Requirements

The following items must be submitted with the application:

- Completed application form, **with statement of financial need and award statement from college attending.**
- Official transcript(s) from the school(s) or college(s) attended.
- Verification of enrollment and of good standing in the school or college. Verification of enrollment could be document/form from dean or registrar to include that student is in good standing.
- Two letters of recommendation pertinent to this application. These may be from school officials, teachers, employers, or other persons not related to the applicant.
- A **hand-signed** statement/essay by the applicant describing educational, personal and career goals. Electronic signature not accepted.

\*No application will be considered complete until all supporting materials are received.

The deadline for completed application is **April 13<sup>th</sup>**. *Late applications will not be considered.* Please send all materials to: Marilyn Ladd, Office Manager, The Futurama Foundation, 103 County Road, Oakland, ME 04963.

The most current application form can be found on the Futurama Foundation's website at **[www.bpwmefoundation.org](http://www.bpwmefoundation.org)**.



**BPW/Maine Continuing Education Scholarship Application**

Name: \_\_\_\_\_ Age: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ Email Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_ Telephone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

High School Attended: \_\_\_\_\_ Enrolled Dates: \_\_\_\_\_ Grad Date: \_\_\_\_\_  
 College Attending: \_\_\_\_\_ Expected Grad Date: \_\_\_\_\_  
 Major/Area of Study: \_\_\_\_\_  
 If a program other than college please describe: \_\_\_\_\_

Current Employer: \_\_\_\_\_ Annual Income: \_\_\_\_\_  
 Amount of Income/Savings used for educational expenses: \_\_\_\_\_ Marital Status: \_\_\_\_\_  
 If married please provide combined annual income: \_\_\_\_\_ If single, are you living with parents? \_\_\_\_\_  
 List children that are attending college:

Children and/or Spouse	Institution Enrolled	Age

Note: If you have other information pertinent to this application please provide on separate paper in detail.  
*Examples: medical situation, excessive childcare costs, etc.*

**Statement of Financial Need for the Ensuing Academic Year**

Financial Aid Award for Academic Year		Estimate Expenses	
Total Grant Funds:	\$ _____	Tuition/Fees:	\$ _____
Total Scholarship Funds:	\$ _____	Books/Supplies:	\$ _____
Total Direct Loans:	\$ _____	Room/Board:	\$ _____
Total Private Loans:	\$ _____	Travel/Miscellaneous:	\$ _____
Other Aid: _____	\$ _____		
<b>TOTAL of All Financial Aid:</b>	<b>\$ _____</b>	<b>TOTAL Expenses:</b>	<b>\$ _____</b>
Effective Family Contribution ( <i>Student portion</i> ): _____		Effective Family Contribution ( <i>Parent portion</i> ): _____	
Name of Financial Aid Official or Guidance Counselor ( <i>print</i> ): _____			
Title: _____	Signature: _____	Date: _____	

I hereby apply for the above scholarship and agree to conform to all the regulations governing it. The above statements are certified to be true and correct to the best of my knowledge.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_