



## Career Advancement Scholarship

### Information for Scholarship Applicants

The **BPW/Maine Futurama Foundation** awards a scholarship in the amount of **\$2500** to a woman at least twenty five (25) years of age who is enrolled in, or returning to, an accredited college or training program of study, either full or part-time.

The BPW/Maine Futurama Foundation Career Advancement Scholarship is designed to assist a student in meeting educational expenses. The scholarship is awarded for *full-time or part-time* programs of study and may cover academic or vocational/paraprofessional business training. 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 the school/college; if student is still enrolled, both school/college and student must sign the check.

### Criteria

The applicant must meet the following requirements:

- Be at least thirty years of age and a Maine resident.
- Need financial assistance to improve skills or to complete education for career advancement.
- Have a definite plan to use the desired training in a practical and immediate way to improve chances for advancement, to train for a new career field, or to enter or re-enter the job market.
- Provide information about the specific course of study at an accredited school and be qualified as an applicant for the course.
- Be officially accepted into the program or course of study.

### Requirements

The following items must be submitted with the application:

- Completed application form, **with statement of financial need completed by a Financial Aid Official.\***
- Official transcripts(s) from the school(s) or college(s) attended.
- Verification of acceptance from the college or school. Verification of enrollment could be document/form from dean or registrar to include that student is in good standing. If transfer student, could use "commonapp.org"
- At least two letters or recommendation pertinent to this application. These may be from school officials, teachers, employers, or other persons not related to applicant.
- **A hand-signed** statement 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 applications 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 applications can be found on the Futurama Foundation's website at [www.bpwmefoundation.org](http://www.bpwmefoundation.org).



## Career Advancement Scholarship Application

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

High School Attended: \_\_\_\_\_ Enrolled Dates: \_\_\_\_\_ Grad Date: \_\_\_\_\_  
 College Attending: \_\_\_\_\_ Full time: \_\_\_\_\_ Part time: \_\_\_\_\_  
 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: \_\_\_\_\_  
 During the school year, you will be living: At home: \_\_\_\_\_ On Campus: \_\_\_\_\_ Off Campus: \_\_\_\_\_ Check one  
 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: \_\_\_\_\_