BPW/Maine Continuing Education Scholarship

Information for Scholarship Applicant

The BPW/Maine Futurama Foundation awards a scholarship in the amount of $1500 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 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 13th. 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.

01-01-2021
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:

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<thead>
<tr>
<th>Children and/or Spouse</th>
<th>Institution Enrolled</th>
<th>Age</th>
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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 Envision Academic Year

Financial Aid Award for Academic Year

| Total Grant Funds | $ ____________ | Tuition/Fees: | $ ____________ |
| Total Scholarship Funds | $ ____________ | Books/Supplies: | $ ____________ |
| Total Direct Loans | $ ____________ | Room/Board: | $ ____________ |
| Total Private Loans | $ ____________ | Travel/Miscellaneous: | $ ____________ |
| Other Aid | $ ____________ |

TOTAL of All Financial Aid: $ ____________ TOTAL Expenses: $ ____________

Effective Family Contribution (Student portion): __________ Effective Family Contribution (Parent portion): __________

Name of Financial Aid Official or Guidance Counselor (print): __________________________________________

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: ______________

01-01-2021