



Career Advancement Scholarship

Information for Scholarship Applicants

The BPW/Maine Futurama Foundation awards a scholarship in the amount of \$3000 to a woman at least thirty (30) 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 a 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:

1. Completed application form, **with statement of financial need signed by a Financial Aid Official.*** Please download and save the application to your desktop before typing in your responses.
2. Official transcripts(s) from the school(s) or college(s) attended.
3. 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"
4. At least two letters or recommendation pertinent to this application. These may be from school officials, teachers, employers, or other persons not related to the applicant.
5. A statement by the applicant describing educational, personal and career goals.

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

The deadline for completed applications is **April 15**. Late applications will not be considered.

Please email all materials to: **FuturamaFoundation@gmail.com**

The current application is on the Futurama Foundation's website: <https://bpwmefoundation.org/>



Career Advancement Scholarship Application

Name: _____ Age: _____

Mailing Address: _____ Telephone Number: _____

City, State: _____ Zip: _____ Email Address: _____

High School Attended: _____ Enrolled Dates: _____ Grad Date: _____

College Attending: _____ Expected Grad Date: _____

Major/Area of Study: _____ Attending Full Time ____ Part Time ____

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, where will you be living? At home: ____ On Campus: ____ Off Campus: ____

List family members attending college (i.e., siblings, children, spouse/partner):

Siblings, Children, Spouse/Partner	Institution Enrolled	Age

Note: If you have additional information relevant to this application, please submit a separate document detailing it. For example, medical circumstances or unusually high childcare costs.

Statement of Financial Need for the Ensuing Academic Year

Financial Aid Award for Academic Year

Total Grant Funds: \$ _____

Total Scholarships: \$ _____

Total Direct Loans: \$ _____

Total Private Loans: \$ _____

Other Aid: \$ _____

TOTAL All Financial Aid: \$ _____

Estimate Estimated Expenses

Tuition/Fees: \$ _____

Books/Supplies: \$ _____

Room/Board: \$ _____

Travel/Miscellaneous: \$ _____

TOTAL Expenses: \$ _____

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

Name of Financial Aid Official or Guidance Counselor: _____

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:** _____