



## Continuing Education Scholarship

### Information for Scholarship Applicant

The BPW/Maine Futurama Foundation awards a scholarship in the amount of \$3000 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 early December to the school/college; if the student is still enrolled, both school/college and student must sign the 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 or an accredited training program requiring attendance for more than one year.
- Need financial assistance to complete her 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 in a single email containing all required documents (do not send multiple emails):

1. Completed application form, **with statement of financial need and award statement from college attending**. \* Please download and save the application to your desktop before typing in your responses.
2. Official transcript(s) from the school(s) or college(s) attended.
3. Verification of enrollment and of good standing in the school or college. Verification of enrollment could be document or form from dean or registrar to include that student is in good standing.
4. Two letters of recommendation pertinent to this application. These may be from college 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 submit all materials together in a single email to: **FuturamaFoundation@gmail.com**

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



## Continuing Education 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:** \_\_\_\_\_