



Continuing Education Scholarship

Information for Scholarship Applicant

The BPW/Maine Futurama Foundation awards a scholarship for \$3,000 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 approved leave of absence of not more than a year.

Requirements

Applications should include the following items, submitted in a single email, with all required documents combined into one PDF file (do not send multiple documents or emails):

1. Completed application form, **with statement of financial need and award statement from college attending**. See Page 2. Please download and save the fillable application form to your desktop before typing in your responses.
2. Copy of 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.

Only applications that include all required materials combined as a single pdf will be considered.

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

Please email all application materials as a single, combined PDF to **FuturamaFoundation@gmail.com** The current application form is available 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):

Table with 3 columns: 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 School 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: _____