

For Additional Information Contact:
Brooke Archila
BPW/KY Foundation Scholarship Chair
brooke.archila@kctcs.edu
(270) 824-1884



BPW/KY FOUNDATION'S AIM
IS TO HELP WOMEN AND MEN REACH THEIR GOAL
OF OBTAINING A HIGHER EDUCATION
THROUGH THE NON-TRADITIONAL SCHOLARSHIP FORMAT



Purpose

The BPW Foundation shall:

- **Establish**, maintain, and distribute a scholarship fund or funds to enable deserving citizens of Kentucky (male or female) to acquire the education/training.
- **Give** financial support to schools, colleges, and other qualified institutions.
- **Improve** or develop the capabilities of individuals by means of lectures, seminars, and other forms of instruction.
- **Conduct** and/or support surveys and other research projects.

BPW/Kentucky Foundation's aim at the non-traditional scholarship format is to help women and men across the Commonwealth reach their goal of obtaining a higher education.

All great women and men became great because they gave some talent or ability in the service of others. And no matter how small our talent, the BPW Foundation can contribute in some way to others.

Expenses To Be Incurred:		
Fees (Tuition, Registration, etc.)		\$ _____
Supplies:		\$ _____
Books	_____	
Lab Fees	_____	
Other	_____	
Transportation:		\$ _____
Commercial (bus, etc.)	_____	
Private (mileage)	_____	
Other	_____	
Dependent Care:		\$ _____
Names and Ages of Children:	_____	

Other Costs (Please list):		\$ _____

Total Costs:		\$ _____
Minus Funds from other Sources (Pell Grant, Loan, etc.):		\$ _____

Total Grant Requested:		\$ _____
Income:		\$ _____
Annual Household Income:		
List Sources of Income (Social Security, AFDC, Child Support, Applicant's & Spouse's Incomes, etc.)		



BUSINESS &
PROFESSIONAL
WOMEN
OF KENTUCKY

Grant Application

Work Experience: Describe your work experience during the past five years.

Employer/Position	From: Mo/Yr	To: Mo/Yr	Hours/Wk	Salary

Activities/Awards/Honors: Explain pertinent awards, honors and offices held, including dates.

Goals/Aspirations: Provide a statement of your plans as they relate to your educational/career objectives and long-term goals.

Explain in detail how you plan to use this grant. Attach a copy of program or brochure. (Include description of training/classes, dates and location.)



BUSINESS &
PROFESSIONAL
WOMEN
OF KENTUCKY

Application on BPW/KW Website
www.bpw-ky.org

Deadlines:
October 15 & April 30

Who is Eligible:

- Citizens of the Commonwealth of Kentucky
- Minimum of 18 years of age
- Planning a career in the Kentucky workforce
- Attending school, college, institution/organization

What Programs are Eligible:

- Academic programs for non-traditional students
- Training to re-enter the workforce
- Upgrading work skills or career changes
- Job-related seminars, workshops or CED programs
- Educational programs, to increase leadership positions
- Literacy or GED programs
- Research relating to labor market
- Research on trends/issues facing business and industry

For additional information contact:

Brooke Archilla
BPW/KY Foundation Scholarship Chair
brooke.archilla@kctcs.edu



Business & Professional Women
of Kentucky

Foundation Grant Application

Grant applicants must reside in Kentucky, must be currently in or planning a career in Kentucky; however re-training courses may be in another state.

Application deadlines are April 30 & October 15. Applications are reviewed in May & November. Applicants may receive grants only once every 24 months.

Date by which you need to know grant will be awarded: _____

Attach the following:

- ____ Copy of previous year's tax form 1040
- ____ Letter of Recommendation from Work Supervisor or College Counselor/Instructor
- ____ Copy of program/brochure relating to this grant request
- ____ Include original of this application
- ____ College Transcripts

I certify that to the best of my knowledge all the information provided is correct, and if a grant is awarded, the funds will be used for the reasons stated within the times specified or returned to the foundation.

Signature: _____

Date: _____

All applications must be postmarked by the April 30 or October 15 deadline.

Please forward to: Brooke Archila
184 Holiday Pl.
Madisonville, KY 42431



BUSINESS &
PROFESSIONAL
WOMEN
OF KENTUCKY

Grant Application

All information should be typed or printed in ink. Completeness and neatness will ensure your application can be reviewed appropriately.

Applicant date: _____

Last Name: _____ First Name: _____ Middle Initial: _____

Permanent Address: _____

Telephone: _____ E-mail Address: _____

Date of Birth: _____ Male: ____ Female: ____ Marital Status: _____

Where did you hear about this program? _____

Amount & date BPW/KY Foundation grant received previously: _____

Education:

High School: _____ Graduation Date: _____

City: _____ State: _____

Postsecondary School: _____

City: _____ State: _____

4 yr. College/University _____ 2 yr. Community/Junior/Technical College _____

Major: _____ Full Time _____ Part-time _____

Number of credit hours earned: _____ Expected Graduation date: _____

Degree sought: Bachelor ____ Associate ____ Certificate ____ Other _____