

For Additional Information Contact:  
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BPW/KY Foundation Scholarship Chair  
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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.)		
	_____	
	_____	
	_____	



**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.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



Application on BPW/KW Website  
[www.bpw-ky.org](http://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:**

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 BPW/KY Foundation Scholarship Chair  
[nenamatheny@kctcs.edu](mailto:nenamatheny@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: Nena Matheny  
P.O. Box 260  
Hanson, KY 42413



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 \_\_\_\_\_