



Business and Professional Women / PA
District 12

Barbara J. Myers-Ciccone Memorial Scholarship Committee

To achieve equity for all women in the workplace through advocacy, education and information.
district12bpw.com

February 1, 2023

ATTENTION: Financial Aid Officer

RE: District 12 BPW Barbara J. Myers-Ciccone Memorial Scholarship

The Pennsylvania Federation of Business and Professional Women's Clubs, Inc. is offering the District 12 BPW Barbara J. Myers-Ciccone Memorial Scholarship. This scholarship fund provides financial assistance to an individual who demonstrates financial need and who seeks additional education for career advancement or to re-enter the job market. The applicant does not have to be a member of BPW to be eligible for the scholarship. **The scholarship will be limited to "non-traditional" students.** The maximum award is \$1,000. Deadline for applications is March 15, 2023.

I have enclosed the scholarship criteria and application. Please copy as needed. Interested applicants must complete the application, as well as provide a detailed description of their career plans and how the desired schooling will help achieve these goals.

Please contact any needy, non-traditional student at your institution who might be interested or in need of additional aid. A brief notice in your school's newspaper would be a good way to disseminate the information. We certainly appreciate your assistance in sharing this information with your students.

Please do not hesitate to contact me if you have any questions. Thank you again for your help.

Sincerely,

A handwritten signature in black ink that reads "Aleta Richmond". The signature is written in a cursive style with a large, looped initial 'A'.

Aleta Richmond, Chair

Barbara J. Myers-Ciccone Memorial Scholarship Committee

Business & Professional Women/PA – District 12

431 Lake Road, West Alexander, PA 15376

724-344-4453 (Text only)

aletarichmond@gmail.com



Business and Professional Women / PA - District 12

Barbara J. Myers-Cicccone Memorial Scholarship Criteria

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1. Each applicant will need to name any school loans or grants for education received, including amounts and any amount with outstanding balances owed.
2. Personal data, name, address, phone number(s), both home and work, social security number, marital status, date of birth.
3. Applicants need not be members of BPW, but extra consideration will be given to BPW members.
4. The application must include the educational program offered by an accredited educational institution, for which the scholarship is requested. The application will not be acted upon if this information is not listed.
5. The application must include a financial statement, as set up by the committee.
6. The application states that a grant awarded by BPW will not exceed \$1,000. Scholarships will be limited to a maximum of three grants.
7. All sources applied for educational assistance must be listed, along with the total requested for each source and if granted.
8. The Applicant's educational background.
9. The Applicant's work background.
10. The Applicant should state if he or she will work while continuing education, specifying the type of employment and whether part time or full time.
11. Note how the Applicant learned or read about the BPW Scholarship.
12. The Applicant will provide career objectives (goals within the next five years, as well as long term goals).
13. The Applicant will provide two (2) references.
14. The scholarship must be used in the year granted.
15. Payment will be made by BPW directly to the certified/accredited school.
16. The Applicant will certify that the information given is true and correct.
17. The recipient and the amount of the scholarship will be announced at the time set.

District 12 BPW Barbara J. Myers-Ciccione Memorial Scholarship Application

(Scholarship Application Deadline is March 15, 2023)

Please type or print

Personal Data:

Name: _____
(Last) (First) (Middle)

Permanent Address: _____
(Number, Street and Box Number)

(City) (State) (Zip)

Phone: (____) _____ U.S. Citizen: Yes _____ No _____

Date of Birth: _____ Age: _____

Marital Status: () Single () Married () Separated () Divorced () Widowed

How many dependents will you have during the period covered by this scholarship application?
Number: _____ Ages: _____ Relationship: _____

Are you a BPW Member? Yes _____ No _____

If "yes," Name of your Local Organization: _____

Where did you learn or read about the scholarship? _____

Educational Information:

Name of School: _____

Address: _____

Have you been accepted into the program for which you request funds? Yes _____ No _____

Major: _____ Will you attend: Part Time _____ Full Time _____

Specific Degree/Certificate you expect to receive: _____

Date the course or term is scheduled to begin: Month _____ Year _____

When do you expect to complete this course of study? Month _____ Year _____

Educational Background:

Check highest educational level achieved:

_____ High School Graduate
 _____ Completed GED
 _____ Some College

_____ College/University Degree
 _____ Some Business/Technical School
 _____ Business/Technical Degree Certificate

List in chronological order all schools or training courses that you have attended since high school. Start with most recent. Include courses in which you are presently enrolled. Insert extra pages if additional space is required. Do not substitute resume.

NOTE: You must attach an academic transcript of your most recent educational endeavor.

Month/Year	Name/Location of Institution	Major	GPA	Degree	Date

Homemaking, Volunteer and Paid Employment:

List your work experience in chronological order, starting with most recent. Insert extra page if additional space is required. Do not substitute resume.

Dates From/To	Position Title	Employer & Location	Responsibilities & Duties	Full Time/Part Time

Will you work while you continue your education?

Yes _____ No _____
 Part Time _____ Full Time _____

Type of employment: _____

Other pertinent data (awards, etc.): _____

Financial Aid Request:

Applicant: A Free Application for Federal Student Aid (FAFSA) for the coming academic year is required for this scholarship. This form is available at the college financial aid office or high school guidance office or online at www.fafsa.ed.gov. This form must be submitted by March 1 in order for the Financial Aid Office to access this information.

Please complete this release authorization and **have the Financial Aid Officer at your school complete the following information:**

Name _____ SS# _____ (Please Print)
Address _____
My signature authorizes release of requested information to the District 12 BPW Scholarship Selection Committee.
Signed: _____ Date: _____

Name and address of college or postsecondary institution where check should be mailed:

_____ (Contact Person)
_____ (Institution)
_____ (Mailing Address)

Cost of Education Budget for academic year:

Financial Aid Awards for academic year:

Tuition/Fees _____
Room/Board _____
Books, Supplies _____
Transportation _____
Miscellaneous _____
Other _____

TOTAL COSTS _____

Pell Grant _____
PHEAA Grant _____
FSEOG Grant _____
Stafford Loan _____
Private Scholarships _____
Other _____

TOTAL AID _____

Estimated Family Contribution _____

Cumulative G.P.A. _____

Is the student in good academic standing? _____

Yes _____ No _____

Is your school an accredited educational institution? _____

Yes _____ No _____

Certification and Acknowledgement: I hereby certify that the information contained herein is true and correct and a full disclosure of the financial aid package attributable to the herein named student.

Financial Aid Officer

Title

Date

Career Objectives:

Please attach a one-page essay describing your short term career goals and, specifically, how this proposed training will help you to accomplish these goals. Please explain how these apply to your long range career goals. Include a summary regarding the following topics: personal and educational goals and issues which are important to working women in today's world.

References:

Two reference letters are required for your application to be complete. Please provide the names and addresses for your references below. We recommend that one reference be from an employer or teacher. Letters of recommendation must be no more than one year old at the time of application. Applicants are responsible for ensuring that letters of recommendation are received by the deadline date.

Name: _____

Street Address: _____

City, State, Zip: _____

Name: _____

Street Address: _____

City, State, Zip: _____

Certification:

I certify that to the best of my knowledge the information contained in this application is true and correct. I understand this application will not be considered for review unless it includes the following:

- 1) a copy of my most recent academic transcript**
- 2) the financial aid section completed by a financial aid officer at my school**
- 3) a one-page essay describing my career objectives**
- 4) two letters of recommendation (which may be mailed under separate cover)**
- 5) a complete, signed, and dated application form**

I am aware that no materials will be returned. If I am selected as a scholarship recipient, I hereby give permission for my name and school to be announced in local newspapers without further notice or consent from me.

Signature

Date

**Completed application packets should be mailed to:
Aleta Richmond, 431 Lake Road, West Alexander, PA 15376
prior to March 15, 2023**