

**LATROBE BUSINESS AND PROFESSIONAL WOMEN'S CLUB
POLICIES AND PROCEDURES**

**LATROBE BUSINESS AND PROFESSIONAL WOMEN'S CLUB
MEMBER ENRICHMENT APPLICATION**

The Latrobe BPW scholarship provides financial assistance to a member or members of Latrobe BPW who exhibit excellence in Latrobe BPW and is continuing an education at an institution of higher learning. Latrobe BPW will award up to \$1,000 in scholarship money based on need and number of applicants. The committee reserves the right to refuse the award for classes that are not for continuing education, leadership or training courses, etc. and for courses that are reimbursed by the applicant's employer. The class must be in a qualified field of study or accredited school and fees must be prepaid and proof of completion submitted. It is also encouraged that the member, if awarded scholarship, speak at a monthly dinner meeting (June) to share what her enrichment scholarship was used towards.

The Latrobe BPW scholarship criteria are as follows:

- Must be a member of Latrobe BPW for at least 1 full club year
- Course or program must be in a qualifying field of study
- Course or program must be completed in the club fiscal year of application
- Fees must be prepaid and proof of completion submitted with application
- Must be postmarked by April 15

Mail application to:

Latrobe BPW Member Enrichment Scholarship
P.O. Box 545
Latrobe, PA 15650

The scholarship application will be **disqualified** if:

- Any other documentation is attached besides what is required
- Any parts of the application are not submitted
- The application is late

The following documentation must be submitted, in order, with the application:

1. The completed application (Attached sheet)
2. A copy of college or university transcript OR copy of proof of completion
3. A copy of bill showing cost of the course and completed payment

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I. PERSONAL DATA

Name _____

Address _____

City _____ State _____ Zip Code _____

Phone: _____ Email: _____

Year joined Latrobe BPW: _____

Are you affiliated with any other BPW local? YES _____ NO _____

BPW Offices/Chairs held	Office/Chair	Year(s)
(Include any district, state or national offices. Attach additional pages if necessary)	_____	_____
	_____	_____
	_____	_____
	_____	_____

Have you previously received a Latrobe BPW Member Scholarship? YES _____ NO _____

Course/Program _____

Year Awarded _____

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II. EDUCATIONAL PROGRAM FOR WHICH FUNDING IS REQUESTED

Funding is granted as reimbursement only. Course or program must be offered through an accredited educational institution or professional organization to be eligible for consideration. Course/program for which you are applying must be completed within the club fiscal operating year.

Official name of accrediting agency / organization: _____

Name of school / organization: _____

Address: _____

City _____ State _____ Zip Code _____

Name of program/course: _____

Location of program/course: _____

Have you completed the course/program for which you are requesting funds? YES _____ NO _____

Date completed: _____

Degree/certification earned: _____

III. FINANCIAL STATEMENT

Full disclosure is required for consideration.

Program cost (not to include travel expenses/meals, etc): _____

Have program costs been paid: YES _____ NO _____

Are program costs reimbursed (partially or fully) by your employer? YES _____ NO _____

Are program costs reimbursed (partially or fully) by another BPW Local? YES _____ NO _____

If yes, list amount of reimbursement from all sources _____