

**Suburban Maryland Business & Professional Women
Kitty Strickland Shore Memorial Scholarship
For Science, Technology, or Business-Related Fields**

This scholarship has been designed to offer financial aid to a woman who is currently enrolled in an accredited academic institution, seeking education for a career in Science, Technology, or Business-Related fields.

ELIGIBILITY REQUIREMENTS

The applicant must:

1. Be a woman, twenty-one years or older.
2. Be a resident of Montgomery County.
3. Be a U.S. citizen.
4. Demonstrate critical financial need.
5. Submit a definite plan to use the desired education to upgrade skills for career advancement, to train for a new career field, or to enter or re-enter the job market.
6. Carry a minimum of **six credit hours per semester**.

THIS SCHOLARSHIP DOES NOT COVER STUDY FOR ADVANCED DEGREES OR CORRESPONDENCE COURSES.

INSTRUCTIONS TO APPLICANTS

This scholarship is in the amount of \$1,000 per year. All applications must be postmarked no later than **April 30, 2003**. Recipients will be notified in writing no later than May 21, 2003. Application must be completed on the attached form and all questions must be answered.

Please mail completed applications to:
Suburban Maryland Business and Professional Women
282 New Mark Esplanade
Rockville, MD 20850-2733

Personal Statement: This section must be included and is considered very carefully when your application is evaluated by the Scholarship Committee. Personal information is confidential.

A check for the amount of the scholarship will be made payable to the school.

**Suburban Maryland Business & Professional Women
Scholarship Application Form**

Have you been a recipient of a BPW scholarship in the past? Yes ____ No ____

PERSONAL DATA

Name: _____

Present Address: _____

Permanent Address (if different from present address):

Home phone: _____ Work phone: _____

Email: _____

Social Security Number: _____ U.S. Citizen ____ Yes ____ No

Place of Birth: _____ Date of Birth: _____

Marital Status: Single ____ Married ____ Sep/Div/Widow ____

Ages of each of your dependent children: _____

Other dependents: _____

Where did you learn about this scholarship? _____

EDUCATIONAL PROGRAM FOR WHICH SCHOLARSHIP IS REQUESTED

Name of institution: _____

Address: _____

Month and year course or term is scheduled to begin: _____

Description of training or education to be undertaken: _____

Degree or certificate to be received: _____

Will you attend: Part-time ____ Full time ____

How many hours per semester or term: _____

When do you expect to complete your course of study? _____

FINANCIAL INFORMATION

Applicant's income, as reported on most recent tax return: \$ _____

Total income, as reported on most recent tax return: \$ _____

Estimated annual expenses:

Tuition: \$ _____

Fees: \$ _____

Books and supplies: \$ _____

Transportation: \$ _____

Child Care: \$ _____
Other (specify): \$ _____

Other sources of financial aid:

Source	Amount	Granted	Pending
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____

Do you intend to seek other sources of financial aid? Yes _____ No _____

Educational courses you have attended since high school. Insert extra page, if additional space is required. Please do not substitute resume.

If graduated, list year of graduation and name of institution: _____

If you did not graduate, list dates attended, field of study, and number of hours completed: _____

Grade Point Average: _____

WORK EXPERIENCE

List work experience since high school or for the last six years, starting with the most recent experience. A chronological resume may be substituted.

Dates	Job Title	Name of Employer/ Location	Full or Part-Time	Salary
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Are you planning to work while you continue your education? Yes _____ No _____
Full-time _____ or Part-time _____

VOLUNTEER EXPERIENCE (if any)

PERSONAL STATEMENT

1. Please briefly include major activities and interests for the past two years.
2. On a separate sheet of paper, please discuss how you expect the proposed education or training to add to your opportunities for advancement or employment.

I certify to the best of my knowledge that the information contained in this application is true and correct. I permit the Scholarship Committee to contact any source listed in this application. I understand that the application will not be considered unless it is signed and dated.

Signature of Applicant

Date