

**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)

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**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.

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Signature of Applicant

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Date