



Business and
Professional
Women / St. Petersburg
Pinellas

Connie Passmore Scholarship Application

Name _____ Age _____

Address _____

Phone number _____ Email address _____

Name & location of school you will attend _____

Course of study _____ Degree/Certificate sought _____

Study start/stop dates _____ Have you been accepted [] Yes [] No
(non-traditional starting times will be considered for certificate programs)

School cost for current term of study \$ _____ What funding do you need \$ _____

Other degrees/certificates you have earned _____

Employer, if any _____ Position _____

Educational/occupational goals _____

- ☐ I acknowledge that I meet the criteria of this award in that I am a woman, age 21 or older, living, working or attending school in Pinellas County and will be attending an accredited program or a program, which is recognized by the licensing agency in my certification area.
- ☐ If selected to receive a scholarship, I give BPW permission to release my name and institution for promotional purposes. If you do not check this, please explain why.

Date _____ Signature _____

**Please
attach:**

- Resume or list work experience with dates and brief job description.
- Budget for current term of your study—include family income from all sources; living & education expenses; other scholarships and sources of funding. Suggested format is attached.
- Most recent transcript for academic programs and for certificate programs only if required by the program. If you are changing school, provide letter of acceptance.
- Write a paragraph or two on each of the following:
 1. Discuss your financial situation and commitments that lead you to apply for this scholarship (including how you plan to cover any shortfall).
 2. Discuss how this course of study will affect your career and your goals.
- Letter of reference
- Any other information you would like the committee to consider

Please tell us how you heard about this scholarship program. _____

**Application must be received by either April 15
or October 15.
Incomplete applications will not be considered.**

**Mail to: P. O. Box 1063, St. Petersburg, FL 33731-1063
OR Email to: info@bpwstpetepinellas.org**

BUDGET (for current term of schooling)

Name _____ Start/stop dates of schooling _____

INCOME

Earned income (wages, salary, commission) _____

Dividends & interest _____

Social security, unemployment or other benefits received _____

Other income (rents, royalties, alimony, etc.), list: _____

Other scholarships, list: _____

TOTAL INCOME FOR SCHOOL TIMEFRAME

\$ _____

EXPENSES (while in school)

Education expenses _____

Housing & Home maintenance
(mortgage, rent, condo fees, lawn, etc. - circle all that apply) _____

Utilities
(electric, water, phone, cable - circle all that apply) _____

Insurance
(property, auto, life, medical - circle all that apply) _____

Taxes
(real estate, income - circle all that apply) _____

Automobile
(loan/lease payments, gas, maintenance - circle all that apply) _____

Medical & dental out of pocket
(co-pay, prescriptions, OTC medicines - circle all that apply) _____

Food & personal expenses _____

Personal debt payments, list creditor: _____

Other expenses, list: _____

TOTAL EXPENSES FOR SCHOOL TIMEFRAME

\$ _____

SHORTFALL (TOTAL INCOME – TOTAL EXPENSES)

\$ _____

Signed _____

Date _____

Attach additional sheets as needed