

# **B P W**

*Business and Professional Women*

*Paso del Norte*

**of the Business and Professional Women International Organization**



*El Paso, Texas*

## **Scholarship Application Package**

APPLICATION FORM

NAME: Last \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_

PERMANENT ADDRESS: \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

PHONES: Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

EMAIL: \_\_\_\_\_ Student ID \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ People in Household \_\_\_\_\_

MARITAL STATUS: Married \_\_\_ Single \_\_\_ Divorced \_\_\_ Separated \_\_\_ Widowed \_\_\_

EDUCATIONAL LEVEL: High School \_\_\_ Undergraduate \_\_\_ Graduate \_\_\_ Tech Degree \_\_\_\_\_

CAREER CHOICE \_\_\_\_\_

CHOICE OF EDUCATIONAL INSTITUTION: \_\_\_\_\_

Please organize the packet materials in the following order:

\_\_\_ APPLICATION FORM

\_\_\_ LETTER OF ACCEPTANCE/PROOF OF ENROLLMENT

\_\_\_ PROOF OF LEGAL RESIDENCE STATUS

\_\_\_ PROOF OF FINANCIAL AID DENIAL

\_\_\_ CAREER OBJECTIVE ESSAY (minimum 200 words)

DEADLINE TO SUBMIT: October 25th of current year

Please mail completed application to:

BPW Paso del Norte  
Scholarship Committee  
700 Blanchard Ave.  
El Paso, Texas 79902

Phone contact (915) 494-5409