

Bedford Professional Women's Organization
Virginia Ruff Women's Scholarship for Continuing Education

Personal Information:

Name _____

Address _____

Telephone _____ (home)

_____ (work)

Email _____

Date of Birth _____

Social Security Number _____

U.S. Citizen? _____

Bedford City/County Resident? _____

How Long? _____

Have you been a recipient of a BPW Scholarship in the past? _____

If so, when? Which scholarship?

Educational Background:

Where did you attend high school? _____

Year graduated _____

Where have you attended college? _____

Do you have a college degree? _____

If so, what? _____

List any awards or certifications _____

State your reason for continuing your education _____

Scholastic Information:

Name and Address of college attending

Date of enrollment _____

Expected graduation date _____

Degree _____

Academic Major _____

Grade Point Average _____

Name and telephone number of your academic advisor or a professor:

Typed Autobiography

Include with this application a typed autobiography (no more than one (1) page.) This information should include your philosophy on education, your interests, goals, etc. The final paragraph should state why you believe you should be selected to receive this scholarship.

Include a college transcript with GPA, if you have attended college in the last five (5) years.

Include two (2) letters of recommendation (**do not use relatives or fellow classmates.**) Your employer, co-worker(s), counselor, or friend(s) may write letters. **Advise references of the postmark date of Wednesday, June 30 2010**, and have them mailed directly to:

Bridgett Morrison
Virginia Ruff Scholarship Chair
207 Chadwick Drive
Lynchburg VA 24502
540.761.9286
sbridgettmorrison@yahoo.com

Financial Aid Office

I, _____, give permission to _____ (college) to release information concerning financial aid to the Scholarship Committee of Bedford Professional Women’s Organization. The Committee will review this information for the sole purpose of determining financial need.

Name and address of the Financial Aid Office and a contact person:

Student Certification

I am a student who is pursuing my degree. I understand if I am the recipient of this scholarship, the monies will be paid directly to the college named for my benefit. If for any reason I am selected and do not continue my education, I will immediately notify BPW.

Signature of Applicant _____

Date _____