

CENTRAL BUCKS CHAMBER OF COMMERCE
Bailiwick, Suite 23, 252 W. Swamp Road
Doylestown, Pennsylvania 18901-2466
215/348-3913 Fax: 215/348-7154

Woman in Business Partnership Scholarship Application – 2022

The scholarship is available to a young adult woman beginning or continuing their education within the following parameters: 1) applicant must enroll in an accredited institution; 2) applicant must demonstrate educational merit and financial need; 3) must be a young adult woman between the age of 17 to 24, who have overcome adversity, a Bucks County resident and a U.S. citizen.

**PLEASE NOTE – WE WILL ONLY BE ABLE TO CONSIDER COMPLETE APPLICATIONS THAT
ARE SUBMITTED BY APRIL 30TH**

PLEASE USE THE FOLLOWING CHECKLIST

- Complete 2 pages of Woman in Business Partnership Scholarship
- Submit 2 Letters of Recommendation
- Submit short essay describing career goals and experiences
(write about a time you faced adversity and challenges, and how that has prepared you for your college experience)
- Submit W-2s or Wage & Tax Statements showing Family income (if applicable)
- Total amount of Scholarship is \$2,500.00. If you are granted the scholarship, you acknowledge and agree that the funds will be paid directly to the school for approved education-related expenses only and are non-transferrable. If the scholarship fund is not used in the current year, you agree that the funds will be returned to the Women in Business Partnership Scholarship Fund.
- If you are currently working with a social services organization, we suggest that you review this application for accuracy & completeness with a case manager.

If, for any unforeseen circumstances you have to put your education on hold upon receiving the scholarship, the Chamber will hold your scholarship for one year and if not activated in that time frame the scholarship money will be turned back over to the Chamber

PLEASE SIGN AND DATE _____

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Please print or type. Complete the entire application, then sign and date, where indicated.
Be sure to include the required additional information.

Return to the address above by the submission deadline of April 30th

Last Name	First Name	M.I.	Between ages of 17 – 24 Y or N
Daytime Telephone Number		Evening Telephone Number	
Cell Phone Number		e-mail Address	
Street Address		City/State/ZIP	

EDUCATIONAL BACKGROUND:

- 1) High School Attended: _____
- 2) Accredited Institution in which you are currently or will be enrolled: _____

- a) Grade Point Average: _____
- b) State your field of study or major subject: _____
- 3) If you are not currently enrolled in an Accredited Institution, please complete the following:
- a) Have you applied to any accredited institution? Yes No
 If "Yes," list the name(s) of the school(s) to which you have applied:

- b) List the name(s) of any institutions where you have been accepted:

- c) State your expected field of study: _____

WORK/VOLUNTEER EXPERIENCE: Please complete the following in chronological order:

<u>Type of Position</u>	<u>Name of Organization</u>	<u>Dates of Involvement</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

REFERENCES: Please name two References below and attach letters of recommendation from them:

<u>Name</u>	<u>Association</u>
_____	_____
_____	_____

ESSAY: Please write an essay describing your career goals and the experiences that led you to seek further education. Please attach this essay to your Application.

FINANCIAL STATEMENT: Recipient of the Woman in Business Partnership Scholarship must demonstrate financial need. **(If applicable)** Provide copies of the following:

Most recent IRS Form W-2, Wage and Tax Statements

CERTIFICATION: Please check the items below, and then sign and date at the bottom.

I am a U.S. Citizen I am a Bucks County, PA resident and between the age of 17 to 24

This signature certifies that the information in this application, as well as the information in the required attachments, is true and correct:

Signature _____ Date: _____