



South Dallas

BUSINESS AND PROFESSIONAL WOMEN'S CLUB, INC.

P O Box 764587 Dallas, TEXAS 75376-4587 | www.southdallasbpwc.org

SDBPWC SCHOLARSHIP APPLICATION

Name		E-Mail	
Address			
Date of Birth		Age	
		Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Home Phone		Cellphone	
		Nationality	

STUDENT ELIGIBILITY

- Must be a graduating senior from a public Dallas Metro-plex school.
- Academic performance (GPA 2.0 and above).
- Must demonstrate financial need.
- Must have good moral character and a record of service to the community.

APPLICATION REQUIREMENTS AND CHECKLIST

<input type="checkbox"/>	1. Complete application (must be signed).
<input type="checkbox"/>	2. Current Transcript - Transcript: Attach a copy of your current high school transcript. This must be an official transcript, stamped and signed by a school official, and must include your rank, even if it is an estimate, grade point average and college entrance exam scores.
<input type="checkbox"/>	3. SAT or ACT scores from counselor.
<input type="checkbox"/>	4. Two (2) letters of recommendation from references listed below.
<input type="checkbox"/>	5. A typed double-spaced essay not to exceed one page . Please respond to the following questions within the content of your essay. <ul style="list-style-type: none"> • How will receiving a scholarship make a difference in your life? • What achievements have motivated you to pursue your goals? • What circumstances, if any, will impact your family's ability to finance your education?

<input type="checkbox"/>	6. A list of community service projects the applicant has participated in or organized . Only non-paid service projects performed in the community, church, and/or school activities will be considered if they are performed outside of the school and/or church property. Describe your service, hours spent, activity and position.
<input type="checkbox"/>	7. Photograph: Please attach a current photograph (4X6). The photo should show you in professional or business attire ; not an action shot.

FAMILY INFORMATION

Father's Name		Occupation	
Mother's Name		Occupation	
Guardian's Name		Occupation	
Total number of family members living at home:			
Number of dependent children in the family (including yourself)			
Ages of dependent children:			
Number of dependent children in college			

HIGH SCHOOL INFORMATION (CHECK ONE)

<input type="checkbox"/>	Booker T. Washington High School for the Visual & Performing Arts	<input type="checkbox"/>	L. G. Pinkston High School
<input type="checkbox"/>	David W. Carter High School	<input type="checkbox"/>	Lancaster High School
<input type="checkbox"/>	Desoto High School	<input type="checkbox"/>	Lincoln High School and Humanities Communications Magnet.
<input type="checkbox"/>	Duncanville High School	<input type="checkbox"/>	South Oak Cliff High School
<input type="checkbox"/>	Franklin D. Roosevelt High School	<input type="checkbox"/>	Wilmer-Hutchins High School
<input type="checkbox"/>	James W. Madison High School	<input type="checkbox"/>	Yvonne A. Ewell Townview Magnet Center
<input type="checkbox"/>	Justin f. Kimball High School	<input type="checkbox"/>	Other:

High School Address	
Principal's Name	
Principal's Email Address	
Counselor's Name	
Counselor's Email Address	

School plan to attend	
Anticipated major	

HONORS OR AWARDS

When	Award and description

SCHOLARSHIPS

From	Scholarship name

EXTRACURRICULAR ACTIVITIES

When	What

COMMUNITY ACTIVITIES/VOLUNTEER WORK

When	Hours	Organization	Activities

EMPLOYMENT (current)

Dates	Where	Job title	Avg. Hrs. Worked

SPECIAL TALENTS

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REFERENCES

References: List one teacher (or counselor) and one community leader who may be contacted to verify information listed in your application. **Attach a typewritten letter of recommendation from each reference.** The letters must describe the following about the applicant:

- Character;
- Attributes;
- Leadership skills;
- Commitment;
- Initiative; and
- Financial need

REFERENCE #1

Name		Email	
Address			
Relationship		Phone	

REFERENCE #2

Name		Email	
Address			
Relationship		Phone	

METHOD OF SELECTION

- The selection committee will screen applications and determine finalists.
- The selection committee will interview each finalist.
- Scholarships will be awarded to the students who best meet the eligibility requirements.

AUTHORIZATION

I certify that the information in this application is true. I authorize representatives of the South Dallas Business and Professional Women's Club, Inc. Scholarship Committee to contact the references listed in my application. I also authorize SDBPWC, Inc. to use my photograph or likeness, as needed, if I am chosen as a scholarship recipient.

Applicant's Signature

Date

Parent/Guardian Signature

Date

Email your completed application and all attachments to:

DR. ELLEN COOPER-EDWARDS
MRSED@MAIL.COM

Official Transcripts and Letters of Reference can be mailed to:

DR. ELLEN COOPER-EDWARDS
ATTENTION: SOUTH DALLAS BPW SCHOLARSHIP APPLICATION
2323 N. FIELD STREET #1638
DALLAS TX 75201

ALL APPLICATION MATERIALS AND SUPPORTING DOCUMENTS MUST BE RECEIVED BY:
MONDAY, JANUARY 17, 2022

INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED.

It is the applicant's responsibility to verify that all documents have been received.