



BUSINESS AND PROFESSIONAL WOMEN'S CLUB, INC.

P O Box 764587 Dallas, TEXAS 75376-4587 | [www.southdallasbpwc.org](http://www.southdallasbpwc.org)

PLEASE TYPE

## 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 metroplex 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 ( <b><u>must be signed</u></b> ).
<input type="checkbox"/>	2. Current Transcript -Transcript: Attach a copy of your current high school transcript. This must be <b>an <u>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.</u></b>
<input type="checkbox"/>	3. SAT or ACT scores from counselor.
<input type="checkbox"/>	4. Copy of FASFA Determination Letter.
<input type="checkbox"/>	5. <b>Two (2) letters of recommendation from references listed below.</b>

<input type="checkbox"/>	<p>6. A typed <b>double-spaced</b> essay <b>not to exceed one page</b>. Please respond to the following questions within the content of your essay.</p> <ul style="list-style-type: none"> <li>• How will receiving a scholarship make a difference in your life?</li> <li>• What achievements have motivated you to pursue your goals?</li> <li>• What circumstances, if any, will impact your family's ability to finance your education?</li> </ul>
<input type="checkbox"/>	<p>7. 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.</p>
<input type="checkbox"/>	<p>8. Photograph: Please attach a current photograph (4X6). Hon</p>

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:





## SPECIAL TALENTS

## 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 attachments to:**

**Jharrison350@gmail.com**

**CC: President.SouthDallasClub@gmail.com**

**SUBJECT: SCHOLARSHIP APPLICATION**

**Mail Official Transcripts (may include application and attachments, if preferred) to:**

**SOUTH DALLAS BPWC, INC.**

**DIRECTOR OF EDUCATION - SCHOLARSHIP APPLICATION**

**P O BOX 764587**

**DALLAS TX 75376-4587**

**ALL APPLICATION MATERIALS AND SUPPORTING DOCUMENTS MUST BE RECEIVED BY:**

**MIDNIGHT ON THE SECOND SATURDAY IN JANUARY**

**INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED.**

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