



OHIO BUSINESS & PROFESSIONAL WOMEN'S RETIREMENT FOUNDATION
2023 - 2024 HEALTHCARE SCHOLARSHIP APPLICATION
FOR STATE TESTED NURSING ASSISTANTS

INSTRUCTIONS: Complete (type or print) and sign this form; return it to
The Ohio Business & Professional Women's Retirement Foundation
Attn: Leona & Paulette
P.O. Box 695 Zanesville, OH 43702-0695

This application must be postmarked on or before March 31, 2024.
The application will not be considered if late.

The application must be complete with references included. All information provided is kept confidential within the bounds of the review process.

County of Permanent Residence: _____

Name: _____

Street/Road/apt. #: _____

City/Town _____ State: _____ Zip: _____

Telephone: _____ Cell: _____

Email: _____

Schools Attended: For each, indicate dates attended: degree or diploma obtained: and GPA

High School _____ Dates _____ GPA _____

Colleges: _____ Dates _____ GPA _____

_____ Dates _____ GPA _____

Other; _____ Dates _____ GPA _____

Have you previously applied for and received a scholarship from the OHIO BPW Foundation:

Yes No

If yes, please indicate when you received the scholarship. _____

School (s) to which you have applied or will apply:

School #1 _____

Have you been accepted: (circle one) YES NO PENDING

If yes, attach an official letter of acceptance from the school.

If no, when do you expect to know? _____

School #2 _____

Have you been accepted: (circle one) YES NO PENDING

If yes, attach an official letter of acceptance from the school.

If no, when do you expect to know? _____

School #3 _____

Have you been accepted: (circle one) YES NO PENDING

If yes, attach an official letter of acceptance from the school.

If no, when do you expect to know? _____

When will the classes begin? _____

FINANCIAL INFORMATION: Required - Must show Tuition Cost

Estimate your total expenses for the upcoming school year:

Tuition	\$ _____	Transportation:	\$ _____
Books	\$ _____	Fees	\$ _____
		TOTAL:	\$ _____

Other financial assistance:

List other areas from which you are currently receiving financial assistance: (include any loans you are currently paying off for education) _____

EMPLOYMENT HISTORY:

Employer name:	Position	Dates to/from
_____	_____	_____
_____	_____	_____
_____	_____	_____

ESSAY

Include with this application a short essay of no more than 2 pages stating why you have chosen healthcare as a career. Please describe persons or events that have helped influence you. Describe opportunities you have had to actually work or observe in this career field and describe your goals. (No points will not be taken off if essay is shorter than 2 pages)

REFERENCES:

Applicants must include: application, 2 dated letters of recommendation from individuals who are familiar with your capabilities and work habits. **Their names, titles, & contact numbers must be included on their letters of recommendation.** One of the references must be from a teacher or an employer. References cannot be from relatives.

An official description of the course study must accompany this application.

I understand that the information contained in this application, essay, and my references will constitute the basis for my consideration for this scholarship. To the best of my knowledge, all the information provided in true and accurate.

Signature of applicant

Date

Signature of Parent or Guardian (if applicable)
(Parent signature required if student is under the age of 18.)

Date

Recommended by the _____ BPW Local/

BPW Local Organization President’s Signature

Date

NOTE: MUST be signed by President

REMINDER: Completed application with all required information attached are to be postmarked on or before March 31, 2024

Mail all applications to:
The Ohio Business & Professional Women’s Retirement Foundation
Attn: Leona & Paulette
P.O. Box 695 Zanesville, OH 43702-0695

For any questions, please contact:
Paulette Knazek 440-339-6009 Email: pknazekBPW@gmail.com
Leona Phillips 440-949-9033 Email: leona.phillipa29@outlook.com