

**FLORIDA ATLANTIC UNIVERSITY
BUSINESS AND PROFESSIONAL WOMEN'S SCHOLARSHIP HOUSE PROGRAM
APPLICATION PACKET**

Dear Applicant:

The FAU Business and Professional Women's Scholarship House (BPWSH) was established to provide campus housing for women with strong academic promise and substantial outside financial assistance in order to attend FAU. The BPWSH is a cooperative living/learning facility where 16 women share leadership experience, develop life skills, and community responsibilities. Please refer to the BPWSH Brochure for more details.

To be eligible for the Program, an applicant must meet the following:

- ❖ Enrolled as a full-time, degree-seeking female student who is a freshman, transfer or current undergraduate or graduate student, a resident may be required to withdrawal from BPWSH if enrolled credit hours drop below full-time status.
- ❖ Requires substantial outside financial assistance in order to attend college (a minimum of \$1,500 of unmet need as determined by the applicant's FAU 2007-2008 Student Financial Aid Award Letter or Student Aid Report).
- ❖ **Must** have a high school, college/university or FAU **cumulative GPA of 3.0** and semester **GPA of 2.75**.
- ❖ Demonstrated high academic promise and achievement in high school and/or college.
- ❖ Show a strong desire to work for a college education and show willingness to actively participate in a cooperative woman's scholarship environment.

The following materials must be completed to be considered for this scholarship:

- ❖ All Application Forms (Personal, Educational, Financial, and Work Experience Information sheet or provide a current résumé)
- ❖ A 500 word essay on "How Living in the BPW Scholarship House Will Help You Be Successful At FAU"
- ❖ A 2007-2008 Free Application for Financial Student Aid (FAFSA) must be completed prior to **March 23, 2007**, and Financial Aid Award Letter provided by the FAU Student Financial Aid Office.
- ❖ Transcript of high school and/or college work. High school transcript is required only for those having less than two years of college work.
- ❖ All Applicants will be required to participate in BPW interview session. The interviews will be during the week of 4/9/07-4/13/07 and/or during the summer, Approved Candidates will be notified for interviews. Two confidential letters of recommendation giving specific data regarding your work experience, academic ability, character, family background, and economic status from any three of the following:
 - ◆Employer
 - ◆Academic Advisor
 - ◆Professor/Instructor
 - ◆Volunteer Organizer
 - ◆College/University Professional Staff
 - ◆Minister/Clergy
 - ◆Dean or Principal
 - ◆Teacher

Please complete and submit all the application materials to:

ATTN: BPWSH Selection Committee
Department of Housing and Residential Life
Florida Atlantic University
777 Glades Road
Boca Raton, FL 33431

Application materials are due by April 6, 2007 by 4:00 pm. The Selection Committee will review applications and applicants will receive notification by email. We encourage all applicants to continue through the Housing room selection process to assure that they receive on-campus housing for the fall & spring semester, if they so wish. For more information, please contact the University Village Student Apartment Area Office at (561) 297-5029.

Florida Atlantic University BPWSH Program Application Personal Information

Name _____
First
Middle
Last

Social Security Number _____ Resident of Florida? Yes No

Did you attend a BPWSH Open House or Information Session? _____

Did you graduate from a Florida high school or community college? _____

If yes, state school and year: _____

Date of Birth ___ / ___ / ___ Place of Birth _____

Local Mailing Address _____

Local Phone Number (_____) _____

Permanent Home Address _____

Permanent Phone Number (_____) _____

Email Address (please print clearly) _____

AGREEMENT

I have read, understand, and agree to abide by the terms, policies and regulations specified in the application materials and the BPWSH Brochure.

Signature

Date

Parent Or Guardian Must Sign For Those Under Eighteen (18) Years Of Age.

Signature Of Parent Or Guardian

Date

**Florida Atlantic University
BPWSH Program Application
Educational Information**

Name _____ Initial Term of Enrollment _____

Classification Upon Entrance To FAU: _____ Fr _____ Soph _____ Jr _____ Sr _____ Master

___ High School GPA (only if no College/University coursework has been completed): _____

___ College/University that you are transferring from: _____

Cumulative GPA: _____ Hours: _____ Overall GPA: _____ Total Hours Completed _____

___ Degree Completed: _____ Overall GPA: _____

College/University: _____

Current Classification (If different): _____ Fr _____ Soph _____ Jr _____ Sr _____ Master

FAU Cumulative GPA: _____ FAU Hours: _____ Overall GPA: _____ Total Hours Completed _____

Major _____

Career Plans _____

High School Activities/Leadership/Honors/Awards: _____

College Activities/Leadership/Honors/Awards: _____

Community Service Experience: _____

**Florida Atlantic University
BPWSH Program Application
Financial Information**

Name _____ SS# _____

Have you completed and submitted a FAFSA (Free Application for Federal Student Aid) form?

_____ Yes _____ No

Is your application complete with the FAU Student Financial Aid Office? Yes _____ No _____

If no, please explain where you are in the application process. _____

Did you receive or plan to receive financial assistance through FAU Student Financial Aid? _____

Note: A FAFSA (Free Application for Federal Student Aid) must be submitted before the FAU Student Financial Aid Office can process a Financial Aid Award Letter.

Comments: _____

I understand my financial status will be verified with the FAU Student Financial Aid Office for this scholarship.

Signature

Date

Please attach a copy of your FAU Financial Aid Award Letter or Student Aid Report for the 2007-2008 year. This letter or report must be submitted with the application materials.

Please check:

_____ Attached FAU Financial Aid Award

_____ Attached SAR

**Florida Atlantic University
BPWSH Program Application
Work Experience Information**

Begin with your present or last employer and describe each job you have held, including part-time work. You may photocopy this page if you need additional space. If you have a current résumé attach it to your application.

Name _____ SS# _____

Employer _____ Supervisor _____

Address _____ Phone _____

Job Title _____ From _____ to _____

Number of Hours worked per week _____ Starting Salary _____ Ending Salary _____

Specific Duties _____

Reason for Leaving _____

Employer _____ Supervisor _____

Address _____ Phone _____

Job Title _____ From _____ to _____

Number of Hours worked per week _____ Starting Salary _____ Ending Salary _____

Specific Duties _____

Reason for Leaving _____

Employer _____ Supervisor _____

Address _____ Phone _____

Job Title _____ From _____ to _____

Number of Hours worked per week _____ Starting Salary _____ Ending Salary _____

Specific Duties _____

Reason for Leaving _____
