



**The Bedford Business and Professional Women's Club
COLLEGE SCHOLARSHIP PROGRAM**

INSTRUCTIONS

1. Complete the application below.
2. **APPLICANT MUST BE A FEMALE STUDENT WHO WILL GRADUATE FROM ONE OF THE PUBLIC SCHOOLS IN BEDFORD COUNTY IN THE SPRING OF 2026.**
3. **OBTAIN THREE (3) LETTERS OF RECOMMENDATION: ONE FROM A TEACHER, ONE FROM SOMEONE IN THE LOCAL BUSINESS COMMUNITY, AND THE THIRD FROM SOMEONE WELL ACQUAINTED WITH YOU. NONE OF THE THREE CAN BE RELATED TO YOU. ALL MUST HAVE KNOWN YOU AT LEAST THREE YEARS.**
4. **PLEASE INCLUDE A COPY OF YOUR TRANSCRIPT.**
5. **Mail all the above items in one packet to:**
Mrs. Jeannie Plummer
501 North Juliana St
Bedford, PA 15522
Tel.: 814-623-5510
6. **APPLICATION PACKET MUST BE POSTMARKED NO LATER THAN MARCH 31, 2026.**

[THIS APPLICATION FORM MUST BE USED FOR YOUR APPLICATION TO BE CONSIDERED]
Applicant Number (Do not fill in.) High School Name:

High School Address:

I. PERSONAL DATA:

Name: _____
(Last) (First) (Middle)

Address: _____
(Number, Street, and/or P.O. Box Number)

(City) (State) (Zip)

Home Phone: (____) _____ SS#: _____

Cell Phone: (____) _____ E-mail: _____

II. COLLEGE INFORMATION: Note: You must be accepted into a program offered by an accredited educational institution to be eligible for scholarship consideration.

College Name: _____ Phone: (____) _____

Address: _____

Name of Accrediting Agency: _____

Field of Study: _____ Degree Sought: _____

College Entrance Examination Scores _____ SAT or ACT (circle one)

Have you been accepted into the program for which you seek the scholarship? Yes, ___ No ___

Will you attend: Part Time ___ Full Time ___ Date School Term Begins: _____

III. HIGH SCHOOL INFORMATION:

Cumulative Grade Point Average: _____ Class Rank: _____

LIST ALL JUNIOR AND SENIOR YEAR COURSES ON GRID, BY SUBJECT.
IF APPLICABLE, CIRCLE HONORS OR AP.

JUNIOR YEAR

SENIOR YEAR

SUBJECT _____
HONORS AP

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IV. EXTRACURRICULAR ACTIVITIES:

Sports, organizations, clubs (Show years of involvement with each.)

Honors and awards

Community service and other activities

V. FINANCIAL NEED:

Is your father employed? (Check one) Full Time _____ Part Time _____

Is your mother employed? (Check one) Full Time _____ Part Time _____

Total Number of family members living at home: _____

Number of dependents in your parents' family including you:

Children _____ Ages of Children _____ Number attending college _____

Other financial considerations which should be noted:

selected as the recipient of this scholarship, I understand that the college I have chosen must be an accredited college in the United States approved by the BPW College Scholarship Foundation. Accrediting bodies include, but are not limited to, the following: AABC, AARTS, CCA-ACICS, MSA, NASC, NEASC-CIHE, SACS-CC, WASC-Jr., WASC-Sr. Military schools are unacceptable. In addition, I promise to be a guest at a regular meeting of the Bedford BPW following the completion of my first two years of study and speak to the club citing my progress in my college career. I understand that any scholarship money I receive will be paid directly to the college in which I am enrolled. Furthermore, if I am the recipient of a Bedford BPW Scholarship, I cannot apply for an additional one in the future.

Signature of Applicant _____