



**OHIO BUSINESS AND  
PROFESSIONAL WOMEN'S  
RETIREMENT FOUNDATION**

**2023 – 2024  
NURSING SCHOLARSHIP  
APPLICATION**

The Ohio Business & Professional Women's Retirement Foundation will grant a \$1,000.00 scholarship to a woman pursuing a nursing degree in any accredited school, or nursing program. A scholarship recipient will be selected by a committee after the **March 31, 2024 deadline to submit applications**. The recipient and all other applicants will be notified with a letter. The Nursing Scholarship Grant winner will be announced at the BPW OHIO annual conference.

The purpose of our scholarship is to provide financial support to those interested in a career in nursing. Our policies governing the awarding of scholarships apply equally to all women. All information provided is kept confidential within the bounds of the review process.

Applications must be completed in their entirety and accompany all required paperwork. A complete course description is to be sent along with the scholarship application indicating the accredited school or nursing program that includes the address, phone numbers, email, and contact information for correspondence. Each application must be recommended by a BPW local organization and signed by their president.

Funds will be paid directly to the school after proof of enrollment is sent or emailed from the educational institution. Requests with proof of enrollment must be submitted to the Treasurer of Ohio Business & Professional Women's Retirement Foundation. If the proof of enrollment is not received by December 31, 2024, no payment will be made.

**INSTRUCTIONS:** Complete (type or print) and sign this form; Mail the completed package to:

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](mailto:pknazekBPW@gmail.com)

Leona Phillips 440-949-9033 Email: [leona.phillips29@outlook.com](mailto:leona.phillips29@outlook.com)



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**This application must be postmarked no later than March 31, 2024.**

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 \_\_\_\_\_

Degree: \_\_\_\_\_

\_\_\_\_\_ Dates \_\_\_\_\_ GPA \_\_\_\_\_

Degree: \_\_\_\_\_

Other: \_\_\_\_\_ Dates \_\_\_\_\_ GPA \_\_\_\_\_

\_\_\_\_\_

Have you previously applied for and received a scholarship from the Ohio Business &

Professional Women's Retirement Foundation: Yes \_\_\_\_ No \_\_\_\_

If yes, please indicate when you received the scholarship. \_\_\_\_\_



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List the School to which you have applied to and plan to attend:

School \_\_\_\_\_

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? \_\_\_\_\_

**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 a career in nursing. Please describe persons or events that have helped influence you. Describe opportunities you have had to work or observe in this career field and describe your goals.

**REFERENCE**

Please include **two** letters of recommendation from individuals who are familiar with your capabilities and work habits. **One** of the references must be from a teacher or an employer. The **Second** letter is from a personal reference and cannot be related to you. Reference letters need to include names, titles, and contact information for questions about this application.



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**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 is 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/****

**NOTE: Application MUST be signed by the Local President**

\_\_\_\_\_  
BPW Local Organization President's Signature

\_\_\_\_\_  
Date

*Attach any additional comments you may wish to offer:*



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**Application Checklist  
(Checklist does not need to be returned with the application.)**

**Deadline for mailing postmark is March 31, 2024**

- Type or Print to complete the Application.
- Be sure **ALL** questions are answered completely.

**Additional Documentation To Be Included:**

- An official description of the course of study must accompany this application.**
- A complete course description indicating the accredited school or nursing program that includes:
  - the address,
  - phone numbers,
  - email, and
  - contact information for correspondence.
- Your school's official letter of acceptance (if you have received).
- Your TWO-page essay.
- Your TWO letters of recommendation:
  - One from an employer or teacher
  - Second letter is from a personal reference that is not related to you.Your reference letters include:
  - names,
  - titles, and
  - contact information for each of your references.
- You have signed and dated the application.
- Your application is signed by a BPW/OHIO Local President.

**Return the completed application along with the required documentation to:**

Ohio Business & Professional Women's Retirement Foundation  
Attn: Leona & Paulette  
P.O. Box 695  
Zanesville, OH 43702-0695

For any questions, please contact:

Leona Phillips 440-949-9033    Email: [leona.phillips29@outlook.com](mailto:leona.phillips29@outlook.com)  
Paulette Knazek 440-339-6009    Email: [pknazekBPW@gmail.com](mailto:pknazekBPW@gmail.com)

- Postmarked on or before March 31, 2024**