OHIO BUSINESS AND PROFESSIONAL WOMEN'S RETIREMENT FOUNDATION

Est June 18 1966

2025 – 2026 SCHOLARSHIP APPLICATION

The Ohio Business & Professional Women's Retirement Foundation will grant up to **$500.00** scholarship to a **woman 21 years or older pursuing a nursing degree** in any accredited school. A scholarship recipient will be selected by a committee after the April 15, 2026 deadline to submit applications. The recipient and all other applicants will be notified with a letter. The 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 pursuing their nursing career. Our policies governing the awarding of scholarships apply equally for 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 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 the local president.

Funds will be paid directly to the school after proof of enrollment is sent or emailed from the educational institution. Scholarship funds are only available for the class program fees. Payment requests with proof of enrollment must be submitted to the Treasurer of BPW/OH Women's Retirement Foundation. If the proof of enrollment is not received by December 31, 2026 no payment will be made.

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

BPW/OH Women's Retirement Foundation
Attn: Linda Wiegand
9017 Winthrop Dr.
Montgomery, OH 45249

For any questions, please contact

Linda Wiegand 740-975-5581 Email bisbestrate@gmail.com

This application must be emailed/postmarked no later than April 15, 2026.

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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 not, 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 people 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 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

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 Check List

Deadline for emailing and mailing postmark is April 15, 2026

☐ Type or Print to complete the Application.

☐ Be sure **ALL** questions are answered completely.

Additional Documentation To Be Included with the package:

☐ **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
- ☐ dated
- ☐ 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 required documentation to:

BPW/OH Women's Retirement Foundation
Attn: Linda Wiegand
9017 Winthrop Dr.
Montgomery, OH 45249

For any questions, please contact

Linda Wiegand 740-975-5581 Email bisbestrate@gmail.com

☐ **Postmarked by April 15, 2026**