

**CENTRAL BUCKS CHAMBER OF COMMERCE**  
**Bailiwick, Suite 23, 252 W. Swamp Road**  
**Doylestown, Pennsylvania 18901-2466**  
**215/348-3913 Fax: 215/348-7154**

**Women in Business Scholarship Application - 2023**

The scholarships are available to women beginning or continuing their professional or business careers within the following parameters: 1) applicant must enroll in courses at an accredited post-secondary institution; 2) applicant must demonstrate educational merit and financial need; 3) must be a woman age 25 or older, who is a Bucks County resident or employed in Bucks County, and a U.S. citizen.

**PLEASE NOTE – WE WILL ONLY BE ABLE TO CONSIDER COMPLETE APPLICATIONS THAT  
ARE SUBMITTED BY APRIL 30<sup>TH</sup>**

**PLEASE USE THE FOLLOWING CHECKLIST**

- Complete 3 pages of Women in Business Scholarship Application, including Financial Statement
- Submit 2 Letters of Recommendation from references
- Submit short essay describing career goals and experiences
- Submit W-2s or Wage & Tax Statements showing Personal income
- Submit recent household Tax Return
- Please indicate the amount of funds you are requesting on the bottom of page 1. This amount can include one year of tuition, books and supplies needed. If you are granted a scholarship, you acknowledge and agree that the funds will be paid directly to the school for approved education-related expenses only and are non-transferrable. If the scholarship funds are not used in the current year, you agree that the funds will be returned to the Women in Business Scholarship Fund, but you are welcome to reapply in future years for additional scholarship consideration.
- Please supply a copy of your FASFA application and indicate the amount of federal and state aid that is in the application process and indicate the amount of grants, scholarships, and loans that have already been granted.
- If you are currently working with a social services organization, we suggest that you review this application for accuracy & completeness with a case manager.

**If, for any unforeseen circumstances you have to put your education on hold upon receiving a scholarship, the Chamber will hold your scholarship for two years and if not activated in that time frame the scholarship money will be turned back over to the Chamber.**

**PLEASE SIGN AND DATE \_\_\_\_\_**

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**Please print or type. Complete the entire application, then sign and date, where indicated.**  
**Be sure to include the required additional information.**

**Return to the address above by the submission deadline of April 30<sup>th</sup>**

Last Name	First Name	M.I.	Over Age 25 Y or N
Daytime Telephone Number	Evening Telephone Number		
Cell Phone Number	e-mail Address		
Street Address	City/State/ZIP		

**EDUCATIONAL BACKGROUND:**

- 1) High School Attended: \_\_\_\_\_
- 2) Accredited Institution in which you are currently enrolled: \_\_\_\_\_  
 (Provide a copy of your transcript or an official list of courses taken, grades, and number of credits for each course.)
  - a) Grade Point Average: \_\_\_\_\_
  - b) State your field of study or major subject: \_\_\_\_\_
- 3) If you are not currently enrolled in an Accredited Institution, please complete the following:
  - a) Have you applied to any college or accredited institution?       Yes     No  
 If "Yes," list the name(s) of the school(s) to which you have applied:  
 \_\_\_\_\_  
 \_\_\_\_\_
  - b) List the name(s) of any institutions where you have been accepted:  
 \_\_\_\_\_  
 \_\_\_\_\_
  - c) State your expected field of study: \_\_\_\_\_
- 4) Provide the amount of tuition you are requesting: \$ \_\_\_\_\_

**WORK/VOLUNTEER EXPERIENCE:** Please complete the following in chronological order:

<b><u>Type of Position</u></b>	<b><u>Name of Organization</u></b>	<b><u>Dates of Involvement</u></b>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**REFERENCES:** Please name two References below and attach letters of recommendation from them:

<b><u>Name</u></b>	<b><u>Association</u></b>
_____	_____
_____	_____

**ESSAY:** Please write an essay describing your career goals and the experiences that led you to seek further education. Please attach this essay to your Application.

**FINANCIAL STATEMENT:** Recipients of the Central Bucks Chamber of Commerce (CBCC) Women in Business Scholarship must demonstrate financial need. In order to determine the amount of award, please complete the attached Financial Statement. Provide copies of the following:

- Most recent IRS Form W-2, Wage and Tax Statements for those contributing to your family income
- Your family's most recent Personal Income Tax Return.
- Copy of FASFA application

**PREVIOUS APPLICATIONS FOR THE CBCC WOMEN IN BUSINESS SCHOLARSHIP:**

Have you previously been a candidate or recipient of a Women in Business Scholarship?

No     Yes    If "Yes," indicate when \_\_\_\_\_

**CERTIFICATION:** Please check the items below, and then sign and date at the bottom.

I am a U.S. Citizen       I am a Bucks County, PA resident or employed in Bucks County, and age 25 or more

This signature certifies that the information in this application, as well as the information in the required attachments, is true and correct:

Signature \_\_\_\_\_ Date: \_\_\_\_\_

**FINANCIAL STATEMENT FOR CBCC WOMEN IN BUSINESS SCHOLARSHIP APPLICATION - 2022**

APPLICANT NAME: \_\_\_\_\_

	APPLICANT	SPOUSE
<b>Part I - Gross Monthly Income</b>		
Job-Related Earnings		
Self-Employment Earnings		
Interest/Annuity Income		
Alimony/Child Support		
Unemployment Income		
Public Assistance		
Rental Income		
Insurance Benefits		
Contributions From Family Members		
Loans		
Scholarships/Grants/Awards		
Other Income: _____		
Other Income: _____		
<b>Total Income</b>	\$	\$

<b>Part II - Monthly Expenses</b>		
Housing:		
Rent/Mortgage Payments		
Homeowner/Rental Insurance Premiums		
Real Estate Taxes		
Food/Household Items		
Clothing		
Transportation:		
Car Payment		
Public Transportation		
Car Insurance		
Utilities		
Debt Payments: _____		
Debt Payments: _____		
Job-Related Expenses:		
Child Care		
Other Expenses:		
Health Insurance		
Alimony/Child Support		
Other: _____		
Other: _____		
<b>Total Expenses</b>	\$	\$

<b>Part III - Other Assets</b>
Savings
Other: _____
Other: _____

<b>Part IV - Other Liabilities</b>
Other: _____
Other: _____

