BCASWI Scholarship Application

The following factors will be used to evaluate the scholarship applications. Your application should include information on the following factors:

- Grade Point
- Course Load:

High School Classes - If just graduating from high school Secondary Education - college or trade school credit hours/types of classes

- Secondary Education curriculum
- Submitted three current character reference letters.
- Demonstration of financial need.
- Type of summer work, if you worked.
- Type of work during school year, if you worked.
- What school related activities did you participate in?
- What outside community activities did you participate in?
- A biographical statement.
- Application presentation, completeness & appearance.



Applications DUE April 5, 2019 BY 5 p.m.

Qualifications: Any local BCASWI member company, or its employee and their immediate family members.

Instructions for Completing Application

- 1. Application is to be completed by applicant.
- 2. Please type or print clearly.
- 3. Attach the following to the completed application:
 - a. Three (3) current character reference letters. Must be dated within the last 12 months.
 - b. Transcript of courses completed.
 - c. At least 100 word biographical statement, including educational background, financial need, and other pertinent information about yourself. (All information will be kept confidential). Please attach on a separate piece of paper.
 - d. Explain relationship to BCASWI.
- 4. Notification of all scholarship recipients will be within 4-6 weeks after the deadline. (no e-mails or faxes)
- 5. Send completed application with attachments to: (NO e-mails or faxes)

BCASWI Scholarship Committee 6206 N. Discovery Way, Ste. A Boise, Idaho 83713

BCASWI Scholarship Application

Applicant's N	Name	
Permanent Ad	ddress:	
City: State:		
Phone Number	er:	
	farital Status # of dependents	S
A. Students e	employment	
1. Are you currently employed?		BCA Relationship Company
YesNo 2. Name of current employer		Member/Employee Name
3. Is the employer a BCA member? YesNo 4. Position held		Relationship to employee (i.e. self, spouse, dependent)
		Educational Institution where scholarship will be sent: (provide financial aide's address at institution)
	long have you been there?	_
		Institution Name
5. Applicant gross wages \$		Address:
B. Other sources of funds:		Address.
1. Other	r Scholarships \$	City State Zip
	r Income \$	Common of Charles
(1.6. 8	spouse, savings etc.)	Course of Study
Educational Institution applicant: () is now attending () will be attending		
		\$
Institution Na	ame	Amount of tuition/fees per semester Books
Address		 \$
City	State zip	Room & Board Date payment must be made
Major/Type of training		Date payment must be made
		Date term begins
Current acad	demic classification (check one):	Full-time student Part-time student
High	School SeniorCollege Junior	
	ege FreshmanCollege Senior ege SophomoreOther (please specify)	Applicant Signature