



*Scholarships: Up to \$1500 per applicant*

The Upper Keys BPW Scholarship program is designed to help women gain a professional edge through education efforts. Particular emphasis is given to individuals who demonstrate strong character, professional collaborative efforts with other women and are, or have, the potential to be a strong role model for the current and next generation of working women.

Scholarships may be used for certifications, training classes, or classes and required materials for higher educational degrees. Transportation, room/board costs, or fees and CEU's associated professional licensing requirements are not eligible.

Minimum requirements for applicants include:

- High School diploma/GED
- Florida Keys resident for at least 3 years
- Minimum of 5 years post-high school work experience

**To Submit:** Complete application and attach a current resume and a copy of any educational transcripts or course certifications. Additional sheets may be attached as required. Applications may be submitted to [bpwupperkeys.com](http://bpwupperkeys.com), [bpwupperkeys@gmail.com](mailto:bpwupperkeys@gmail.com) or by mail to PO Box 231, Tavernier, FL 33070. Applications are reviewed twice per year and deadlines are March 15 and August 15. Additional information may be requested from applicant upon review.

Thank you for applying to the UKBPW Adult Women Scholarship Program!

Name of Applicant:

Address:

Contact Telephone:

Type: (cell/home/  
work)

Email Address:

How long have you lived  
in the Florida Keys?

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## **BACKGROUND AND EDUCATION SECTION:**

Please provide a brief biography. In addition to general information about yourself, include areas of past education, civic or association affiliations, awards or publications, special projects and any licenses you hold, etc.

Concisely define your education goal(s) and how this will assist and impact you upon completion. Include a timeline for completion.

Outline your educational achievements to date.

**FINANCIAL SECTION:**

The UKBPW funds specific educational efforts. Please provide an itemized list of educational costs you are asking to be covered by this scholarship.

If this scholarship does not cover the entire cost of the specific education goal, where will the additional funds needed come from?

**MISCELLANEOUS:**

Is there anything in addition that you would like to share? (Optional)

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Statement of Accuracy:

I attest that all the information in this application is true and accurate as I have presented it.

Signature: (Instructions: TYPE in your name)

Date:

**Instructions:** This document may be saved and revised as needed. When completed, email this form with any additional documentation in PDF format to [bpwupperkeys@gmail.com](mailto:bpwupperkeys@gmail.com) or mail to PO Box 231, Tavernier FL 33070 Direct any questions to [bpwupperkeys@gmail.com](mailto:bpwupperkeys@gmail.com). Thank you.