

# Florida Business Professionals of America Beverly William's Scholarship

## Application Process and Checklist

Applications may be submitted for any active member of Florida BPA. The completed application package must be submitted to Florida BPA **e-mailed no later than January 14, 2022.**

**Scholarship applications should be emailed directly to: [info@fbpa.org](mailto:info@fbpa.org)**

- Scholarship winners will be announced at the Special Recognition Banquet of the annual State Conference.
- Florida BPA will pay awards directly to the recipient upon receipt of proper documentation.
- Florida BPA is responsible for evaluating and selecting scholarship recipients. Interested students must complete the application and mail it along with a current, complete official transcript of grades and supporting materials to the Florida BPA Scholarship Program.

These items must be included, *in the following order*, with the application package:

1. The completed application form
2. An official, current high school transcript
3. SAT scores or American College Testing Program scores.

(If not available, please include a statement indicating not currently available.)

4. A statement of BPA (if applicable) participation and accomplishments (add additional pages)
5. Substantiating evidence of leadership, responsibility, and character other than through BPA
6. Two letters of recommendation: one from a BPA advisor and one other
7. Supplemental information that may be useful to the selection committee

# Florida Business Professionals of America Beverly William's Scholarship

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Name and address of institution you plan to attend: \_\_\_\_\_

Have you applied?: \_\_\_\_\_ Been accepted?: \_\_\_\_\_

Major field of study: \_\_\_\_\_

Name and complete address of present school: \_\_\_\_\_

Name of BPA advisor(s): \_\_\_\_\_

Phone: \_\_\_\_\_ Dates of BPA involvement: \_\_\_\_\_

Place of employment (if any): \_\_\_\_\_

List involvement at the local level that helped organize and promote BPA (e.g., offices held, committee service). (Use one additional page, if necessary.) \_\_\_\_\_

List current involvement in other youth, social, civic, school or faith-based groups. (Use one additional page, if necessary.) \_\_\_\_\_

What is your career interest: \_\_\_\_\_

Describe your career objectives and ambitions. (Use one additional page, if necessary.): \_\_\_\_\_

Describe how business education and BPA have assisted you in progressing toward your career objective. (You may include one page of material in support of this section.): \_\_\_\_\_

List involvement at the state/ national levels (e.g., competitive events, special projects, leadership activities). (Do not exceed two pages.): \_\_\_\_\_

I certify that the information given on this application is correct. Should I be awarded a scholarship, I agree to give strict attention to my studies and the regulations of the college. If I should fail to make a satisfactory record in my college work, change my course of objective from business, entrepreneurship and/or management, or willfully violate college regulations, I agree to surrender all rights of ownership to the unused portion of the scholarship. It is my understanding that if this application is accepted, and if I am granted a scholarship award from BPA there is no interest charge on the funds received.

Signature of Applicant: \_\_\_\_\_

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

### **School Official's Evaluation**

Applicants ranks: \_\_\_\_\_ In school class of: \_\_\_\_\_ (numerical rank).

General ability of student (circle one):    Excellent    Very good    Average

Grade point average achieved by student: \_\_\_\_\_

High School:    9<sup>th</sup>    10<sup>th</sup>    11<sup>th</sup>    12<sup>th</sup>

Indicate (circle one):    4.0 system    Other    If other, specify the system: \_\_\_\_\_

Print School Official Name: \_\_\_\_\_ Signature of School Official: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

### **Florida BPA Chapter Advisor**

I, \_\_\_\_\_, do hereby certify that the information supplied by this applicant is true and accurate to the best of my knowledge. My written evaluation is attached.

Signature of chapter advisor: \_\_\_\_\_ Date: \_\_\_\_\_