

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 May 1st, 2025 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.
5. Send completed application with attachments to: (mailed or e-mailed ONLY)

membership@bcaswi.org
BCASWI Scholarship Committee
6206 N. Discovery Way, Ste. A
Boise, Idaho 83713

BCASWI Scholarship Application

Applicant's Name _____
Permanent Address: _____
City: _____ State: _____ Zip Code: _____
Phone Number: _____ Email : _____
Age ____ Date of Birth _____ Marital Status _____ # of dependents _____

A. Students employment

1. Are you currently employed?
____ Yes ____ No
2. Name of current employer

3. Is the employer a BCA member?
____ Yes ____ No
4. Position held _____
How long have you been there?

5. Applicant gross wages \$ _____

BCA Relationship Company

Member/Employee Name

Relationship to employee (i.e. self, spouse, dependent)

Educational Institution where scholarship will be sent: (provide financial aide's address at institution)

Institution Name

Address:

City State Zip

B. Other sources of funds:

1. Other Scholarships \$ _____
2. Other Income \$ _____
(i.e. spouse, savings etc.)

Course of Study

Degree Sought

Expected Date of Completion

Educational Institution applicant: () is now attending
() will be attending

Institution Name

Address

City State zip

\$ _____
Amount of tuition/fees per semester Books
\$ _____
Room & Board

Major/Type of training

Date payment must be made

Date term begins

Current academic classification (check one):

- ____ High School Senior ____ College Junior
____ College Freshman ____ College Senior
____ College Sophomore ____ Other (please specify)

____ Full-time student
____ Part-time student
____ Student ID #

Applicant Signature

Date