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**Deadline: Friday, March 27, 2026**

***Please answer all the following questions:***

Please check one: \_\_\_\_\_ Marie Robinson Memorial Scholarship for Nursing \$1,000

\_\_\_\_\_ Cedar Falls BPW Scholarship \$1,000

\_\_\_\_\_ Master's Degree Scholarship \$1,500

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City, State, Zip)

Phone Number: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

Have you previously applied for a BPW Scholarship: ☐ Yes ☐ No Year: \_\_\_\_\_

Institution you plan to attend during 2026 school year: \_\_\_\_\_

Address/Location: \_\_\_\_\_

Institution you currently attend: \_\_\_\_\_ College Credits Earned: \_\_\_\_\_

Year in school – Fall 2026 semester: ☐ Freshman ☐ Sophomore ☐ Junior ☐ Senior ☐ Masters

Current grade point average: \_\_\_\_\_ Major: \_\_\_\_\_

Name and location of high school: \_\_\_\_\_

Year of high school graduation: \_\_\_\_\_

Currently Employed: ☐ Yes ☐ No Employer Name: \_\_\_\_\_

Marital Status: \_\_\_\_\_

Number of dependent children and ages: \_\_\_\_\_

***Please include the following with this application form:***

- a) At least two (2) letters of recommendation from teachers, employers, coaches, or other people or persons (other than a family member) who know you well.
- b) A statement (at least one paragraph) of your educational plans and career objectives.
- c) A statement (at least one paragraph) of your financial needs, including your 2025 gross income.
- d) A statement (at least one paragraph) regarding community activities you have been involved in.
- e) Please save all documents in one PDF file that includes your Last Name\_First Name
- f) The application must be postmarked or emailed by March 27, 2026, to be considered.***

Email: [bpwcedarfalls@gmail.com](mailto:bpwcedarfalls@gmail.com)

Mail: Cedar Falls BPW  
PO Box 1164  
Cedar Falls Iowa 50613