

**Business and Professional Women of Southern Ocean County  
P.O. Box 722, Barnegat, NJ 08005**

**“2024 Voice of Working Women Equipment Grant”**

**Questions? Contact our, Scholarship Chairperson,  
at bpwsoc.org@gmail.com**

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Equipment Grants are available to female business owners who have permanent residency in Ocean County and whose business is located in Ocean County. All applicants must be 25 years of age or older. No applications will be accepted if postmarked later than April 30, 2024. **Applicants must complete the entire application and submit all required attachments in one packet no later than April 30, 2024.** One letter of reference for grant award is required. You will receive a confirmation of receipt of your application via email. If you do not list an Email address, you will be notified by regular mail. BPWSOC reserves the right to award one or more grants per annum. BPWSOC reserves the right to determine if all awarded funds were used for their intended purpose. The determination of awards by the Board of BPWSOC is final. Applicants will be eligible every two years for reapplication.

Please Initial: \_\_\_\_\_ Date: \_\_\_\_\_

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

Street Address: \_\_\_\_\_

Municipality: \_\_\_\_\_

County: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: Day \_\_\_\_\_

Evening \_\_\_\_\_ E-Mail: \_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_ Marital Status: M\_\_\_ S\_\_\_ W\_\_\_

Amount requested \$ \_\_\_\_\_ (not to exceed \$1,000.00)

Have you ever applied for or been awarded any other BPW local, state or national scholarships/grants?

Yes \_\_\_ No \_\_\_ Year(s) of prior application(s): \_\_\_\_\_

Year(s) of prior award(s): \_\_\_\_\_



**PART I**                    **“EQUIPMENT GRANT”**  
*If applying for a business grant, please provide the following:*

Business Name:

Business Address:

Business Telephone Number:

Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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**BUSINESS INCOME:**

Provide a copy of the first two pages of your personal / business income tax return for 2022

Provide a copy of your 2022 Schedule C

Provide a copy of your 2022 Profit and Loss Statement

Please use this space to explain any answers that may need clarification:

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Please provide a brief narrative of the nature of your business and your long-range goals. Attach a separate description of the business equipment you would like to purchase and how it would enhance your business. It is required that you include with this a business supply catalogue depiction that includes the model number and price from a business supply store. (i.e.: a Staples catalogue page.)

**PART II**

**REQUIRED OF APPLICANTS**  
**“Household Income & Expenses”**

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**I. Average Monthly Expenses**

Rent \_\_\_\_\_ Mortgage \_\_\_\_\_ Child Care \_\_\_\_\_

Utilities \_\_\_\_\_ Insurances \_\_\_\_\_ Car Payment \_\_\_\_\_

Food \_\_\_\_\_ Loans \_\_\_\_\_ Transportation \_\_\_\_\_

Total Credit Card Payments \_\_\_\_\_ Tuition \_\_\_\_\_

**TOTAL AVERAGE MONTHLY EXPENSES: \_\_\_\_\_**

Please indicate anticipated additional monthly expenses due to a planned *career development plan*. Please describe the course and/or seminar. Indicate who provides training. Attach a copy of the brochure and use additional sheets if necessary.

I, \_\_\_\_\_ certify that all information and statements presented by me are true. I am aware that all information provided is confidential. I understand that if my application is willfully false, I forfeit any award and must repay BPWSOC within 6 months of legal notification.

I agree to have my name and/or photograph published for advertising/publicity purposes to benefit the BPWSOC scholarship fund drive.

**Equipment grants require that you submit a paid bill to have the grant made payable to an individual or you agree that you will present an invoice/bill and the grant check will be made payable directly to the vendor. I am also aware that if I am chosen as a recipient of a grant, I am expected to attend the scholarship award event presentation scheduled for June 11, 2024, and to share with the members and guests the benefit this award will provide for me.**

**BPWSOC will also gift to the grant recipient a year's free membership to BPWSOC.**

We hope you will attend monthly meetings as scheduling allows and participate in our programs when available.

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

Attachments: Have you included the following with this Application?

\_\_\_\_ Letter of Recommendation

\_\_\_\_ First two pages of my 2022 Personal/Business Tax Return

\_\_\_\_ My 2022 Schedule C

\_\_\_\_ My 2022 Profit and Loss Statement

\_\_\_\_ Proof of equipment pursuing i.e., brochure supply catalogue/print out depicting item or equipment being sought.

\_\_\_\_ Proof of paid receipts for equipment (if you are looking to be reimbursed directly)

\_\_\_\_ Copy of bill/invoice (if you want payment to go directly to a vendor)