Virginia Ruff Women’s Scholarship for Continuing Education

This $1,000 scholarship honors Virginia Ruff, a member of Bedford BPW for more than 50 years at the time of her death in April 2002 at age 94. A graduate of The College of Mary Washington and The College of William and Mary, Miss Ruff dedicated her life to the education of Bedford children as a teacher at the Villamont and Montvale schools, and as a librarian at Bedford and Liberty High Schools. She retired in 1973. This scholarship provides financial assistance for women seeking education to re-enter the job market, advancement and/or to achieve economic self-sufficiency. A committee of four BPW members selects the recipient.

Application deadline: Monday, June 30, 2014

Eligibility Criteria

- Be a woman 25 years or older
- A citizen of the United States
- Bedford city or county resident for at least two years
- Accepted by an accredited program course of study
- Demonstrate need for financial assistance to upgrade skills or education

Scholarship Packet

1. Completed application, typed or printed legibly.
2. Transcripts with GPA, if you have attended college in the last five years.
3. Two letters of recommendation (do not use relatives or fellow classmates).
   You may use letters from your employers, co-workers, counselor or friends.

The application should be completed with all required documentation and mailed directly to:

Natalie K. Martin
1728 Wycliffe St.
Bedford, VA 24523
540-586-5765

NOTE: Your application will not be considered if the application is incomplete.
The scholarship recipient will be notified by July 18, 2014.
Scholarship Application

Name: ____________________________________________

Street Address: _______________________________________

City/State/Zip code: _______________________________________

Date of Birth: ____________________ E-mail address: ____________________

Telephone: ____________________ Are you a Bedford City/County Resident? ____________________

Education:

Begin with high school or equivalency.

<table>
<thead>
<tr>
<th>Name &amp; Location of School</th>
<th>Attended from/to</th>
<th>Did you Graduate?</th>
<th>Name of Degree or Certificate</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Virginia Ruff Scholarship Application
Page 2 of 5
Employment:

Please list employment beginning with your current employer or latest employer. If you need additional space, please use a separate sheet of paper.

<table>
<thead>
<tr>
<th>Place of Employment and Address</th>
<th>Starting &amp; Ending Dates</th>
<th>Reason for Leaving</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Scholastic Information:

School you will be attending: ____________________________________________

Address: _____________________________________________________________

Date of enrollment: _______________ Degree/Certificate: ___________________

Adviser’s Name: ___________________________________ Telephone: ____________

Program/Course of Study: ______________________________________________

How will you pay for your education? ____________________________________

Are you receiving other financial aid? _____ If yes, please specify: ____________

Are you supporting anyone other than yourself? ____________________________

Will you work while attending school? ___________________________________

If so, how many hours per week? ________________________________________
Personal Information:

A typed autobiography of no more than one page. This should include your philosophy on education, your interests, goals, school or other achievements, etc. The final paragraph should state why you should receive this scholarship and what you want to achieve with this degree.
Financial Aid Office

I, give permission to ____________________________, institution of study to release information concerning financial aid to the Scholarship Committee of the Bedford Professional Women's Organization. The committee will review this information with the sole purpose of determining financial need.

<table>
<thead>
<tr>
<th>Name and Address of Financial Aid Office</th>
<th>Contact Person</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Student Certification

I am a student who is pursuing my degree. I understand that if I am the recipient of this scholarship, the monies will be paid directly to the institution of study named for my benefit. If for any reason I am selected and do not continue my education, I will immediately notify BPW.

Signature of Applicant

______________________________

Date

______________________________