



**MICHIGAN 2021 Becoming an Outdoor Woman (BOW)
SCHOLARSHIP APPLICATION**

Michigan BOW Scholarship applications are now available for women 18 and older. The BOW scholarship is intended to enable women who, for financial reasons, may not be able to afford the BOW registration fee. Only partial scholarships will be available on a limited basis. Determination of scholarship funding is solely within the rights of the BOW Committee organization.

To be considered for a scholarship the **Application Deadline is August 1, 2021** for the Fall event in Gwinn, MI.

Decisions will be made by August 9, 2021 and you will be notified no later than August 13, 2021, if you qualify. If you have been awarded a scholarship in the past, you are not eligible to receive another one.

Please email a copy of the **scholarship application, registration & class selection forms** to: DNRBOW@michigan.gov or fax it to 906-293-8728. For further information or clarification call Michelle Zellar at 906-293-5131. *Everything submitted will be kept confidential.*

APPLICANT INFORMATION

Name _____ Phone (H) _____

Address _____ Phone (W) _____

City/State _____

Email _____

Are you a First Time Michigan BOW Participant? YES _____ NO _____
(Special considerations may be given for first time participants)

_____ - Partial Scholarship \$100 (you will be responsible for \$100) – if awarded you will be notified, and a check must be sent in order to participate in the program. **partial scholarships are only being offered at this time**

FOR OFFICE USE ONLY:

Date Received _____ Application # _____

Approved _____ Denied _____

Application Questions:

<i>Office Use Only:</i> Date Rec'd _____ Application # _____ Full or Partial – circled First timer Y N
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1. Why do you want to attend the Becoming an Outdoors Woman program?

2. What do you expect to learn from the BOW program and how do you anticipate sharing those newfound skills?

3. How did you hear about the Becoming an Outdoors Woman Program?

4. Please indicate the category that best describes your total annual household income from all sources.

- | | | |
|---|---|------------------------------------|
| <input type="checkbox"/> Less than \$10,000 | <input type="checkbox"/> \$30,000 to \$39,000 | <input type="checkbox"/> \$60,000+ |
| <input type="checkbox"/> \$10,000 to \$19,000 | <input type="checkbox"/> \$40,000 to \$49,999 | |
| <input type="checkbox"/> \$20,000 to \$29,999 | <input type="checkbox"/> \$50,000 to \$59,000 | |

5. How many people live in your household that is also your dependents? _____

OPTIONAL

6. If you choose, please clearly state your need for hardship assistance that may help us determine your financial picture regarding attending this program. Indicate any special family situations, employment status, etc. (attach additional page if necessary)