Blue Star Mothers of America, Inc.
National Big Dipper Auxiliary 2023
Josephine Calenda Educational Assistance Program Guidelines

The Big Dipper is a national auxiliary of Blue Star Mothers of America, Inc. (BSMA) that came into being in Milwaukee, WI on November 7, 1951 at its National Convention. The objectives of the organization are threefold: 1) honoring outstanding members of the BSMA, 2) sponsoring a “Fun Night” at convention and 3) providing educational assistance to a Veteran, Active Duty Personnel or BSMA member; a child or grandchild of a Veteran, Active Duty Personnel or BSMA member; or the spouse of a Veteran or active duty personnel. The Josephine Calenda educational assistance fund is dedicated to the memory of Josephine Calenda of BSMA PA22 at National BSMA Convention in Lansing, MI in 1989. Josephine, after many years of active service in BSMA, died that year while holding the office of National Big Dipper President. The objective of Big Dipper Auxiliary has been updated over the years to include Veteran(s) Spouse.

Persons applying for educational assistance must be currently enrolled in a college or vocational school pursuing a degree or certificate at the time of award disbursement.

Determination of Educational Assistance will be based on the following factors listed below and each category will receive scores of 0 through 3:

1. Letter of Recommendation
2. Original Biographical Essay for the current fiscal year application. The same essay may be used at two levels (National and Department levels) during the same fiscal year. Prior essay submissions will not be accepted. Please write a 350-400 word essay stating why you should be considered for Big Dipper Educational Assistance Funds. Include the course of study you plan to pursue and why as well as how these funds would further your educational goals.
3. Active Duty U.S. Military or Veteran
4. BSMA member in good standing, Active Duty U.S. Military member or Veteran
5. Child/Grandchild of BSMA member in good standing, Active Duty U.S. Military member or Veteran
6. Miscellaneous/Special circumstances

ELIGIBILITY/LIMITATIONS FOR ASSISTANCE AWARD Applicant must meet one or more of the following eligibility requirements:

- Active Duty U.S. Military, National Guard, Reserve Member;
- Retired U.S. Military member or Veteran (Honorable Discharge status);
- Blue Star Mother of America, Inc. member in good standing;
- Spouse of Active Duty U.S. Military or Veteran (Honorable Discharge-status);
- Child or Grandchildren of Active Duty U.S. Military or Veteran (Honorable Discharge status);
- Child or Grandchildren of Blue Star Mothers of America, Inc. member/Blue Daisy in good standing.

THE FOLLOWING APPLICANTS ARE INELIGIBLE FOR AN AWARD:

- Anyone who has previously received the Josephine Calenda Educational Award twice per level;
- Anyone enrolled in military tech schools/military academies and those receiving full military pay to attend schooling are not eligible.
- Continuing Educational Classes to maintain Certificate or License.
APPLICATION INSTRUCTIONS

The BSMA National Big Dipper Auxiliary and Josephine Calenda Educational Assistance Committee are not responsible for incomplete, lost or misdirected applications. No notification will be made of any incomplete applications or use of improper applications, submission must be on current application year form. Applications are not returned, and all application information submitted becomes the property of the BSMA National/Department Big Dipper Auxiliary at the level they are submitted. Applications must be received no later than thirty (30) days before the National/Department Convention to be considered eligible. Deadline date: National Level 2023 applications must be postmarked by June 30, 2023

Applications must include ALL of the following:
1. Applicant Checklist Sheet (Attached)
2. Applicant Information Sheet (Attached)
3. For Department Level awards (currently only Michigan and Ohio), Proof of Residence/permanent home within the state giving the award must be provided (example: government issued ID)
4. Letter of recommendation from one of the following:
   a. High School Teacher, Professor, Counselor, Employer, Pastor, Other Authority figure or Service Professional not related to you. (Family and Friend references are not accepted.) Recommendation must include the author's company, school, title, etc. or be on letterhead, current, signed, dated by its author and attached to this form to be considered complete.
5. Original written biographical essay stating why you should be a recipient of Josephine Calenda Educational Assistance Award. Include any extenuating circumstances that you feel we should be made aware of. (A 350-400-word essay typed double-space and single-sided on 8 1/2 x 11 white paper with one-inch margins using Times New Roman 12-point font. It must be signed, dated and attached to this form to be considered complete.)
6. A high school or a post-secondary transcript is required if graduated prior to (current year); the document does not have to be sealed.

AWARD RECIPIENT RESPONSIBILITIES

1. Recipients will be required to submit/provide an official proof of enrollment verification or confirmation from registrar/bursar-as well as a completed, signed and dated Educational Press/Photo Release form following the announcement of awards per instructions in award letter. Depending upon the award amount, a W-9 may be required and will be provided to you for issuance of 1099 MISC per IRS requirements.
2. An official enrollment verification from the educational institution’s registrar or bursar must be sent to the Big Dipper Auxiliary Financial Secretary and received no later than October 30th of the current year. Electronic verification through email will also be accepted per instructions in the award letter. Any fee associated with this service is the responsibility of the applicant.
3. Big Dipper Auxiliary Financial Secretary shall request a check from Big Dipper Auxiliary Treasurer in the full amount of the award payable to Recipient once the enrollment has been verified. Big Dipper Auxiliary Treasurer shall forward this check within 14 days of receiving all necessary information from Big Dipper Auxiliary Financial Secretary. All verified awards shall be sent out no later than December 31st of the current year.
4. If the required information is not received from the recipient prior to November 30 of the current year will result in the award being forfeited. Applicants are welcome to reapply if they have not exceeded the twice per level limitation in subsequent years.
**NUMBER AND AMOUNT OF AWARDS**

The Committee will approve the total number of awards based on funds available. The amounts of assistance may vary annually and according to the eligibility category.

The Educational Assistance Committee decisions are based on application scores. The decisions are final and cannot be challenged.

Not everyone may be awarded assistance. Applications must be signed by a current BSMA, Inc. Chapter President, then received by National/Department Big Dipper Auxiliary President at level applying, by the due date and meet all the requirements. In addition, applicants with scores totaling below 70% will not be eligible for assistance, but are encouraged to apply in the future, provided the applicants have not already received maximum award limits.

Notification of award recipient selection will be made approximately 30 days following the close of the National/State Convention.

The Big Dipper Auxiliary is proud to provide educational assistance to worthy applicants and hopes to continue to do so for many years to come.

****OFFICIAL Use Only****

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BLUE STAR MOTHERS OF AMERICA, INC.
National Big Dipper Auxiliary

2023 EDUCATIONAL ASSISTANCE APPLICATION

Name ______________________________________ Age _______ Circle: Male  Female
Street Address_____________________________________________________________________
City ______________________________ Zip Code ____________ Phone (______) ______________
Email_____________________________________________________________________________

COMPLETE EACH BOX THAT APPLIES TO YOU.

Complete this box if you are a Blue Star Mother or a child or grandchild of a Blue Star Mother?

| Are you a member of Blue Star Mothers of America, Inc.? | Circle: Yes  No |
| Are you a son or a daughter of a member of Blue Star Mothers of America, Inc.? | Circle: Yes  No |
| Are you a grandchild of a member of Blue Star Mothers of America, Inc.? | Circle: Yes  No |

BSM’s/Blue Daisy’s Name_____________________________________________ State ____ Chapter # ___
Address________________________________________________________________
City ______________________________ Zip Code ____________ Phone (_____) ______________
Email_____________________________________________________________________________

Complete this box if you are Active Duty, National Guard or Reserve Member or spouse, child or grandchild of an Active Duty, National Guard or Reserve Member.

| Are you an US Active Duty, National Guard or Reserve Member? | Circle: Yes  No |
| Are you the spouse of an US Active Duty, National Guard or Reserve Member? | Circle: Yes  No |
| Are you the child of an US Active Duty, National Guard or Reserve Member? | Circle: Yes  No |
| Are you a grandchild of an US Active Duty, National Guard or Reserve Member? | Circle: Yes  No |

Member’s Name
Branch of Service ______________________________ Date of Service
Theatre of Operations ______________________________________________________

Complete this box if you are a Veteran, a spouse, child or grandchild of a Veteran.

| Are you a Veteran? | Circle: Yes  No |
| Are you the spouse of a Veteran? | Circle: Yes  No |
| Are you the child of a Veteran? | Circle: Yes  No |
| Are you a grandchild of a Veteran? | Circle: Yes  No |

Veteran’s Name_________________________________________ Dates of Service __________________
Branch(s) of Service ____________________________________
Theatre of Operations ____________________________________
All applicants must complete this box.

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<th>High School GPA: 1st year</th>
<th>2nd year</th>
<th>3rd year</th>
<th>4th year</th>
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<td>Anticipated/Current Course of Study</td>
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<td>Choice of School/Current School</td>
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<td>If applicable, post-secondary GPA thus far:</td>
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- Please write a brief biography and state why you should be a recipient of the Big Dipper Educational Assistance funds. Include the course of study you plan to pursue and why as well as how these funds would further your educational goals. (Please attach your typed essay to this form.)
- Please include a letter of recommendation from one of the following: High School Principal – Teacher/Professor – Pastor – Other Authority figure not related to you

I understand and agree that the BSMA Big Dipper Auxiliary Josephine Calenda Educational Assistance Committee is solely responsible for the selection of the recipients of the Josephine Calenda Educational Assistance Award. All decisions are final and cannot be challenged. I agree that my signature on the application form authorizes the BSMA Big Dipper Auxiliary to release information regarding this application (including GPA, transcripts, etc.) to the Educational Assistance Committee as needed; no other parties are given permission to have access to this application information. I certify that all information provided with this application is accurate to the best of my knowledge, and the essay is entirely my own work. Amounts of assistance will vary annually and awards are based on funds available. BSMA Big Dipper Auxiliary is NOT responsible for lost, misdirected or incomplete items at any level. Communication will be with the applicant only. For under 18 years of age, Parent/Guardian who signed the application will be granted communication authority along with the minor applicant.

Signature of Applicant_________________________________________________ Date______________

Signature of BSM Chapter President _______________________________________________________
BSM Chapter State___________ Number ____________ Date signed ____________________________

**Application must be received by the President of the level of Big Dipper indicated at the top of the form at least 30 days prior to the respective convention.**

***FOR OFFICIAL USE ONLY***

Date Application Received __________
Date Application Reviewed __________
Blue Star Mothers of America, Inc. Big Dipper Auxiliary
Educational Assistance Application Checklist

**Use this checklist as your cover sheet when submitting an educational assistance request**

Educational Assistance Applicant’s Information

Name ________________________________________________________________

Checklist:

☐ BSMA Big Dipper Auxiliary Completed Educational Assistance Application

☐ Signed Letter of Recommendation from Principal, Teacher, Pastor, or other Authority figure not related to you.

☐ Biographical Essay (350 - 400 words) Refer to guidelines for directions.

☐ Once your application is complete, acquire the signature of a Blue Star Mothers of America, Inc. President and have her fill in the chapter’s name and number.

☐ I understand and agree the BSMA Big Dipper Auxiliary Educational Assistance Committee is solely responsible for the selection of the recipients of the Josephine Calenda Funds and its decision is final.

MAIL ALL OF THE ABOVE TO:

National Big Dipper National Auxiliary:

- BSMA Big Dipper National Auxiliary President Doreen Berggren, 8367 Gold Coast Dr., Unit 2, San Diego, CA 92126

- Deadline date: National Level 2023 applications must be postmarked by June 30, 2023

**Selection notification will be made approximately 30 days following the close of Convention**

Official Use Only

Date Received: ____________ Date Reviewed: __________ Application Complete: Yes No