



## **Blue Star Mothers of America, Inc. Ohio Big Dipper Auxiliary 2025 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 was dedicated to the memory of Josephine Calenda of BSMA PA22 at the 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 the Big Dipper Auxiliary has been updated over the years to include Spouse of a Veteran.**

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. Applicants must use these funds to attend only accredited schools.

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 Autobiographical 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
5. Child/Grandchild of BSMA member in good standing or a Blue Daisy; Active Duty U.S. Military member; or U.S. Military 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;
- Blue Star Mother of America, Inc. member in good standing;
- Spouse of Active Duty U.S. Military or Veteran;
- Child or Grandchildren of Active Duty U.S. Military or Veteran;
- Child or Grandchildren of Blue Star Mothers of America, Inc. member in good standing or Blue Daisy.

## 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.
- Anyone applying for funds for continuing Educational Classes to maintain Certificate or License.

## APPLICATION INSTRUCTIONS

The BSMA Ohio 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 the current year's application form. Applications are not returned, and all application information submitted becomes the property of the BSMA Ohio Big Dipper Auxiliary. Applications must be received no later than thirty (30) days before the National/Department Convention to be considered eligible. **Deadline date: Ohio-2025 applications must be postmarked by Sept. 15, 2025.**

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/Principal, Professor, Counselor, Employer, Faith Leader, Other Authority Figure/ 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 autobiographical 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 have the applicant's full name and the date the essay was written at the top of the essay. Signature on application confirms that this essay is the applicant's original work.*
6. A completed Photo and Press Release Form (attached)

## AWARD RECIPIENT RESPONSIBILITIES

1. 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 **for the upcoming term** from the educational institution's registrar or bursar must be sent to the Big Dipper Auxiliary Financial Secretary and received no later than October 30<sup>th</sup> 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. All awards checks shall be sent out no later than October 31<sup>st</sup> of the current year; All award checks must be cashed or reported lost by November 30<sup>th</sup> of the current year.
4. If the required information is not received from the recipient prior to October 31<sup>st</sup> of the current year will result in the award being forfeited. Applicants are welcome to apply in subsequent years if they have not exceeded the twice per level limitation.

## 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 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/Department 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\*\*\*\*



**BLUE STAR MOTHERS OF AMERICA, INC.**



**Ohio Big Dipper Auxiliary**

**2025 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 or Blue Daisy?**

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 or Blue Daisy's Name _____ State ____ Chapter # ____		
Address _____		
City _____	State _____	Zip _____
Email _____	Phone (____) _____	

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 _____		
Branch(s) of Service _____	Dates of Service _____	
Theatre of Operations _____		
Anticipated/Current Course of Study _____		
Choice of School/Current School _____		

- Please write a brief autobiographical essay (350-400 words) 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.) Applicant's full name and the date the essay was written must appear at the top of the first page of the essay.
- Please include a letter of recommendation from one of the following: High School Principal – Teacher/Professor – Faith Leader – Employer - Other Authority Figure/Professional not related to you. Letter must be signed and dated by its author.

*I understand and agree that the BSMA Ohio 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 Ohio Big Dipper Auxiliary to release information regarding this application 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 Ohio Big Dipper Auxiliary is NOT responsible for lost, misdirected or incomplete items at any level. Communication will be with the applicant only. For applicants under 18 years of age, the 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 Ohio 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. Ohio 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 Ohio Big Dipper Auxiliary Completed Educational Assistance Application
- Signed Letter of Recommendation from High School Teacher/Principal, Professor, Counselor, Employer, Faith Leader, Other Authority Figure/Professional (Family and Friend references are not accepted.) Letter must be signed and dated by the author.
- Completed Photo and Press Release Form – **Opting Out or In for any category on this form will have no effect on your eligibility for JCEA award, but you must complete and submit the form in order to maintain eligibility.**
- Autobiographical Essay (350 - 400 words) Refer to guidelines for directions. The full name of the applicant and the date on which the essay was written must appear at the top of the first page of the essay.
- Once your application is complete, acquire the signature of a Blue Star Mothers of America, Inc. chapter president and have her fill in her chapter's name and number.
- I understand and agree the BSMA Ohio 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: Ohio Big Dipper Auxiliary**

Attn: Kim Stock Foster, President  
PO Box 3574  
Dublin, OH 43016

**Deadline date: Ohio 2025 applications must be postmarked by September 15, 2025.**

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

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### *Official Use Only*

Date Received: \_\_\_\_\_ Date Reviewed: \_\_\_\_\_ Application Complete:    Yes    No

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BLUE STAR MOTHERS OF AMERICA, INC.  
OHIO BIG DIPPER AUXILIARY  
2025 JOSEPHINE CALEDA EDUCATIONAL ASSISTANCE



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**PHOTO AND PRESS RELEASE FORM – Check one of the following options. Your choice of options will not affect your eligibility for JCEA selection. This form must be returned with your application.**

I do NOT give my permission for my name and photo to be used.  
*Please sign and date this form.*

If selected as a recipient of a 2025 Josephine Calenda Educational Assistance award, I hereby grant permission and agree to the Ohio Big Dipper Auxiliary’s use of my name and/or photo, if supplied, for use within only the Blue Star Mothers of America, Inc. organization. *Please sign and date this form and attach a photo of yourself (an appropriate head shot) if you are granting permission to use your image.*

If selected as a recipient of a 2025 Josephine Calenda Educational Assistance award, I hereby grant permission and agree to the Ohio Big Dipper Auxiliary’s use of my name and the photo of myself for publications, news releases, online, and other Ohio Big Dipper Auxiliary materials that announce and promote this program. *Please sign and date this form, complete the information below, and attach a photo of yourself (an appropriate head shot).*

Signature of Recipient: \_\_\_\_\_ Date \_\_\_\_\_

Printed Name of Recipient: \_\_\_\_\_

If recipient is under 18 years of age, please provide the following in addition to the above information.

Signature of Guardian: \_\_\_\_\_ Date \_\_\_\_\_

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If you would like a press release sent to your local media outlet(s), please PRINT the contact information for from it/them below.

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Email \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Email \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Email \_\_\_\_\_ Phone \_\_\_\_\_