

CLUBWOMAN SCHOLARSHIP APPLICATION

TO BE COMPLETED AND SIGNED BY THE APPLICANT:

FULL NAME _____

SOCIAL SECURITY NUMBER _____

HOME ADDRESS _____

CITY _____ ZIP CODE _____

PHONE _____ MARITAL STATUS _____ NUMBER OF DEPENDENTS _____

E-MAIL ADDRESS _____

NAME OF COLLEGE OR UNIVERSITY YOU PLAN TO ATTEND _____

HAVE YOU BEEN ACCEPTED BY THIS SCHOOL? _____

I AM A MEMBER IN GOOD STANDING OF THE _____ CLUB

HOW MANY YEARS HAVE YOU BEEN A MEMBER OF THIS CLUB? _____

HAVE YOU PREVIOUSLY APPLIED FOR THIS SCHOLARSHIP? _____

REQUIREMENTS

1. Statement from applicant regarding purpose of application.
2. Educational and employment history of applicant.
3. Summary of community service activities and leadership roles.
4. Hobbies and club activities.
5. Two (2) letters of recommendation:
 - a. One (1) from a community leader.
 - b. One (1) from the sponsoring club explaining the reasons why this application should be selected.

If awarded a scholarship, I agree to notify the Chairman of the GFWC/Ohio Federation of Women’s Clubs Scholarship Board of Trustees of my intention to accept or decline this scholarship by June 30.

Applicant’s Signature _____

TO BE COMPLETED BY THE SPONSORING CLUB:

The _____ Club of (city) _____

In the _____ District of the GFWC/Ohio Federation of Women’s Clubs endorses this applicant for a scholarship.

Additional information shall be made available on request.

CLUB SCHOLARSHIP CHAIRMAN
Name _____

CLUB PRESIDENT
Name _____

Address _____

Address _____

City _____ Zip _____

City _____ Zip _____

Telephone Number _____

Telephone Number _____

**OMISSION OF ANY REQUIRED DOCUMENTS WILL DISQUALIFY APPLICANT.
THIS FORM MAY BE DUPLICATED.**