

**ELAINE WEINMAN MEMORIAL SCHOLARSHIP APPLICATION**

**TO BE FILLED OUT AND SIGNED BY THE APPLICANT:**

FULL NAME \_\_\_\_\_ AGE \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ ZIP CODE \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_

NAME OF HIGH SCHOOL \_\_\_\_\_

CLASS RANK \_\_\_\_\_ GPA \_\_\_\_\_

WHICH COLLEGE/UNIVERSITY DO YOU PLAN TO ATTEND? \_\_\_\_\_

HAVE YOU BEEN ACCEPTED BY THIS SCHOOL? \_\_\_\_\_

WHICH FIELD WILL YOU ENTER? \_\_\_\_\_

APPROXIMATE COST OF YOUR EDUCATION PER YEAR? \_\_\_\_\_

WHAT AMOUNT WILL YOUR PARENTS (GUARDIAN) PROVIDE? \_\_\_\_\_

FATHER'S OCCUPATION? \_\_\_\_\_ MOTHER'S OCCUPATION? \_\_\_\_\_

GUARDIAN'S OCCUPATION (if applicable) \_\_\_\_\_

NUMBER OF DEPENDENT CHILDREN N FAMILY? \_\_\_\_\_

OTHER SIBLINGS OR PARENT IN COLLEGE? \_\_\_\_\_

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.**