

EDUCATIONAL SCHOLARSHIP GUIDELINES FOR APPLICANTS

This page is to be given to all applicants).

1. Educational Scholarships, varying in amounts, will be announced in April at the annual GFWC-WashingtonState(GFWC-WS) Convention.
2. Applicants must be **sponsored** by a dues paying club of GFWC-WS. Only **one entry** per club. Each entry must be on a **current application form**, and an **original signed in ink** by the applicant and a club official.
3. Consideration will be given to **females** who are graduating from high school and/or currently enrolled in a **college undergraduate** program.
4. Scholarship awards must be used in an accredited school in **Washington State**. Applicants must be **residents of the State of Washington**.
5. Students are **eligible to receive only two (2)** GFWC-WS Educational Scholarships.
6. Scholarship money will be sent to the school in which the recipient is enrolled **after the GFWC-WS Financial Secretary receives verification**.
7. Educational Scholarships not used by January 1 of the following year will be awarded to an **alternate**.
8. Applications **must include the following**:
 - **The current 2018-2020 GFWC-WS Educational Scholarship Form** including the signature in ink of a club representative (President or Scholarship Chairman).
 - A small **photo** (approximately 2" x 3") for publicity.
 - **Transcript** of grades from school currently attending.
 - **Personal letter** stating goals, financial need, future plans and pertinent information.
 - Three (3) letters of recommendation -no more than two (2) from school personnel and a third from an adult well-acquainted with the applicant through work, church, volunteer experience, etc.
 - A personal letter **from the sponsoring club** stating why they chose the applicant and form signed by the club official
9. **Three (3) complete copies** of the application. All materials are to be mailed to the State Chairman, Janice Orr by the sponsoring club. Only one photo is necessary.
10. Applications must be **received by the club no later than** _____
11. **Incomplete applications will not be considered.**
12. Final selection will be made by the GFWC-WS Educational Scholarship Fund Trustees **based on the information furnished**.

EDUCATIONAL SCHOLARSHIP APPLICATION FORM

Name _____

Date of Birth _____

Address _____

City _____

State _____

Zip _____

Phone# _____

Father's Name _____

Occupation _____

Mother's Name _____

Occupation _____

Names and ages of other family members _____

Names of persons you live with _____

School presently attending _____

School you plan to attend _____

Field of study _____

Student ID Number _____

Social Security# _____

State your financial need _____

Work Experience: _____

Volunteer Experience _____

Your (applicant's) Signature: _____

Signature

Date

This official form must be filled out completely and returned by

To the address below:

Sponsoring Club _____

President/Chairman _____

Address _____

Phone #: _____

City _____

State _____

Zip _____

Signature of Club President or Scholarship Chairman (please indicate position)

Signature

Position

Date