

GENERAL FEDERATION OF WOMEN'S CLUBS WEST VIRGINIA

2019-2020 GFWC WEST VIRGINIA SCHOLARSHIP FUND RULES APPLICATION DEADLINE APRIL 1, 2020

- The recipient of a scholarship shall be a man or woman who is a United States Citizen and has resided in West Virginia for at least three years prior to applying.
- Scholarships of up to \$1,000 will be available. Recipients will be notified no later than June 1.
- Only one (1) scholarship will be granted to an applicant in a calendar year. Applicants may apply each year
 they are attending school. A new completed application is required.
- 4. Scholarships will be granted for attending an accredited college, professional, vocational or technical program offered by an institution in West Virginia. Students must be full-time students. Scholarships may be granted for attending a school or college outside West Virginia only if the program desired is not offered within the state.
- Applications shall be sent directly to the District Representative in the District where you live. The name
 and address of your district representative is shown below. If you need more assistance, please call Chairman
 Sharon Sheridan, 304-834-9044. Information is also available at gfwcwestvirginia.org.
- The applicant shall submit, with the application, the following requirements for eligibility:
 - a. Two (2) *current* letters of recommendation, one *personal* and one *academic*. Personal/work reference shall be by an adult other than a family member (these need to be signed).
 - b. A recent official transcript of grades
 - Copy of an official letter of acceptance or validation from the accredited school to be attended, or validation of attendance for those already in a program.
- Completed applications with all elements must be postmarked by April 1st. The awarded scholarship will be paid directly to the school to be attended.
- 8. Scholarship recipients will be selected on the criteria of
 - a. Community Service
 - b Financial Need
 - c. Leadership/School Activities
 - d. Academic information obtained from transcript

Applicants, PLEASE RETAIN this paper for important information!

NORTHERN DISTICT REPRESENTATIVE

Carmel Esposito 167 Tartan DR Follansbee, WV 26037

2019-2020 GFWC WEST VIRGINIA SCHOLARSHIP APPLICATION FORM Completed Application Form DUE APRIL 1, 2020

Please print or type:				
Name:	First		Middle	
Last Address:	First			
Street	City		State	Zip code
Telephone:		Cell phone:		
Email Address:		U.S. Citizen: Y N		Y N vears:
Name of Parents or Guardian:	(if applicable)			
Parent/Guardian Marital Stat				
Family Income: Please ch Under \$10,000 \$10,100 \$75,100 -\$125,000 \$ Number of dependent childre	0 - \$25,000 125,000 & above	\$25,100 -\$50,000 <u> </u>	\$30,100 -	<u>year:</u> \$75,000
Two (2) <u>current</u> letters of reco	ommendation (see	Rule 6a): Telepho	one	Relationship
	Email	1	Tele	phone
Name of current school atten	ding:	Control Bally		Me then th
Recent transcript of grades is	required and mus	t be attached to this		No
Name of Local GFWC West Vir	ginia Woman's Clu	b: (if known)		and will be a
Do you have a relative that is	a member of GFW(West Virginia? Yes	No	
Relationship?	THE PROPERTY OF		114 (1356-1)	- A
West Virginia school you have	e been accepted to:			
Major:		Letter of Acceptance:		equired
List scholarships or student a	aid that you expect	to or will receive inc	luding the Pro	mise Scholarship.
PROMISE:		ount:		
1. Source:		unt:	_ Per: Year or	one time (circle one)
2. Source:		ount:	_ Per: Year or	one time (circle one)
3. Source:		unt:	Per: Year or	r one time (circle one
4. Source:	Amo	ount:	Per: Year or	one time (circle one)

2019-2020 GFWC West Virginia Scholarship Application Form

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Have you previously received the GFWC West Virginia Scholarship?	Yes	No
Please list: (if more room is needed please attach an additional sheet)		
Leadership/School activities:		
Community Service:		
Work Experiences:		
In your own words please describe: "How does GFWC West Virginia's miss this scholarship; why do you <u>need</u> this scholarship and special circumsta more space is needed please attach an additional sheet)	ion fit with you inces that apply	r needs for y to you" (if
I attest that the statements and information provided in this application	are true and co	orrect, by
signing below:		
Applicant's Signature		

- All information contained in your application will remain private with the Scholarship Fund Board.
- Detach Application Form, completely fill it out, attach all required documents, and mail to the District Representative in the district where you live.
- ➢ If your District Representative is unknown, please call Sharon Sheridan, Chairman at 304.834.9044 or email to: <u>ssherida3@gmail.com</u>.
- > PLEASE RETAIN THE RULES PAGE (top sheet) for your information.
- ALL SCHOLARSHIP APPLICATIONS MUST BE RECEIVED by the correct district representative and POSTMARKED BY APRIL 1, 2020. Incomplete applications or applications OR <u>RECEIVED AFTER THE DUE DATE WILL NOT BE CONSIDERED.</u>