



GENERAL FEDERATION OF WOMEN'S CLUBS WEST VIRGINIA

2020-2021 GFWC WEST VIRGINIA SCHOLARSHIP FUND RULES APPLICATION DEADLINE APRIL 1, 2021

1. **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.**
2. **Scholarships of up to \$1,000 will be available. Recipients will be notified no later than June 1.**
3. **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.**
5. **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 www.gfwcwestvirginia.org.**
6. **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**
 - c. **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.**
7. **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!

**WESTERN DISTRICT REPRESENTATIVE
Sharon Sheridan
444 Virginia Court
Pataskala, OH 43062**

2020-2021 GFWC WEST VIRGINIA SCHOLARSHIP APPLICATION FORM
Completed Application Form DUE APRIL 1, 2021

GFWC West Virginia's Mission: GFWC West Virginia is part of an international women's organization dedicated to community improvement by enhancing the lives of others through community service.

Please print or type:

Name: _____
Last First Middle

Address: _____
Street City State Zip Code

Telephone: _____ Cell phone: _____ Email: _____

U.S. Citizen: *Y N* WV Resident: *Y N* # of years: _____

Name of Parents or Guardian: (if applicable) _____

Parent/Guardian Marital Status: *Single Married Divorced Widowed* Telephone: _____

Family Income: Please check the category below which properly illustrates total per year:

Under \$10,000 _____	\$10,100 - \$25,000 _____	\$25,100 -\$50,000 _____
\$50,100 - \$75,000 _____	\$75,100 -\$125,000 _____	\$125,000 & above _____

Number of dependent children (you count as 1): _____

Two (2) current letters of recommendation (see Rule 6a):

Personal: _____

<i>Name</i>	<i>Email</i>	<i>Telephone</i>
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Relationship: _____

Academic: _____

<i>Name</i>	<i>Email</i>	<i>Telephone</i>
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Name of current school attending: _____

Recent transcript of grades is required and must be attached to this form: *Yes No*

Name of Local GFWC West Virginia Woman's Club: (if known) _____

Do you have a relative that is a member of GFWC West Virginia? *Yes No*

Relationship? _____

West Virginia school you have been accepted to: _____

Major: _____ Letter of Acceptance: *Yes No*

List scholarships or student aid that you expect to or will receive including the Promise Scholarship.

PROMISE: _____ **Amount:** _____ **Per Year 1.**

Source: _____ **Amount:** _____ **Per: Year or one**
time (circle one)

2. Source: _____ **Amount:** _____ **Per: Year or one**
time (circle one)

3. Source: _____ **Amount:** _____ **Per: Year or one**
time (circle one)

4. Source: _____ **Amount:** _____ **Per: Year or one**
time (circle one)

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 Experience: _____

In your own words please describe: "How does GFWC West Virginia's mission fit with your needs for this scholarship; why do you *need* this scholarship and special circumstances that apply to you" (if more space is needed please attach an additional sheet).

I attest that the statements and information provided in this application are true and correct, by signing below:

Applicant's Signature

All information received on this application will remain confidential.