GENERAL FEDERATION OF WOMAN’S CLUBS-WISCONSIN
$500.00 HEALTH SCHOLARSHIP APPLICATION

DEADLINE: APRIL 1, 2015

Scholarships are given out each year by GFWC-WI to students who are Wisconsin students and adults who are pursuing a career in the health field. The recipients of the scholarships will be notified in May of 2015. The winners will be honored at the awards banquet at the state convention in Elkhart Lake, WI on May 1-2, 2015. It is not mandatory to attend but our members would like to meet the recipients. This scholarship is effective the 2nd semester. The check will be issued to you and your attending college by the second semester tuition due date.

CHECK LIST

The following must be attached to the application form:

_____ 1. Narrative Statement

_____ 2. Extra-Curricular Student and Community Activities

_____ 3. Copy of letter of acceptance from an accredited university or college of your choice

_____ 4. Two (2) letters of recommendation from a clergyman, teachers, employers or GFWC-Wisconsin club members

_____ 5. Copy of high school transcript

_____ 6. A separate sheet may be attached to clarify any information you think will be useful to the Scholarship Committee in its evaluation of this application.

_____ 7. Sponsoring GFWC-WI Club’s Name & President’s signature

Send three copies of this application with required recommendations and attachments to:
Elizabeth Griesser
4608 Grand Meadows Drive
Appleton, WI 54914
rgrease@aol.com
GFWC – WISCONSIN HEALTH SCHOLARSHIP
HIGH SCHOOL APPLICATION FORM

Answer all questions as completely and accurately as possible.
All blanks must be completed. Please print or type.
All materials must be postmarked APRIL 1, 2015.

IDENTIFYING DATA

Name_______________________________________________
Address_____________________________________________
Date of Birth________________________
Home Phone (    )____________________
City______________________State_______Zip____________
Father’s Name___________________________________________________________
Occupation______________________________________________________________
Mother’s Name___________________________________________________________
Occupation______________________________________________________________
Name of legal guardian, if applicable__________________________________________
Number of family members_______________Ages_________________________
Do you have brothers or sisters enrolled in school beyond high school?__________
Are they receiving financial aid from parents, scholarships, or grants?____________
If yes, please provide source(s)_____________________________________________
________________________________________________________________________
________________________________________________________________________
As a public relations opportunity the GFWC-WI would like to be able to publicize the name of the recipients of the GFWC-WI Health Scholarship in the recipient’s local newspaper and possibly area newspapers. Be assured that none of the financial information included in this application will be included in the press release.

In order for our organization to send the publicity to the area newspapers, would you please fill in the information below?

Name of Applicant’s Area Newspaper______________________________________________

Street Address_________________________________________________________________

City__________________________ Zip Code__________

**EDUCATIONAL DATA**

GPA______ Class Rank_______ Date of graduation________

Are you applying for technical college or 4-year college?____________________________

Name of college you will be attending_____________________________________________

Have you been accepted?________________________

Date of expected enrollment______________________

**NARRATIVE STATEMENT**

Please attach as essay of 100-300 words stating your educational objectives, your choice of career, and plans for reaching your goal. This portion of the application will be judged on content and writing skills. Please provide on a separate sheet.

**EXTRA-CURRICULAR STUDENT AND COMMUNITY ACTIVITIES**

As a volunteer organization with a philanthropic emphasis, we value people who have contributed in some way through community or school volunteer activities. Please provide some examples of activities along with the name of the organization and years of service. List extra-curricular activities in which you have participated during and/or after hour high school years. Also list any other volunteer activities in the community to which you have given time. Indicate any honors received, Offices held and years of services. Please us a separate sheet of paper.
FINANCIAL NEEDS STATEMENT

Do you personally have savings or other income to be used for college?_________________

Do you have a part-time or summer job?_______

Please provide employer’s name and address__________________________________________

___________________________________________________________________________

Please provide estimated costs for one year’s tuition, books at the school you will attend. (do not include room and board.)

___________________________________________________________________________

What portion of the cost are your parents planning to provide for you?

___________________________________________________________________________

Please provide a list of all scholarships applied for as of the date of this application

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Please fee free to add any other supporting material and information that will assist the committee in its evaluation of this application and in making the award. Please use a separate sheet.

I certify that all information provided on this application is true and correct.

__________________________________________
Applicant Signature

________________
Date

__________________________________________
Sponsoring GFWC-WI Club

Sponsoring Club’s President’s signature