



**GENERAL FEDERATION OF WOMEN'S CLUBS WEST
VIRGINIA**

www.gfwcwestvirginia.org

FUND RULES

**GFWC WEST VIRGINIA SCHOLARSHIP
APPLICATION DEADLINE APRIL 1, 2018**

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 or on www.gfwcwestvirginia.org . If you need more assistance, please call Chairman Beth Parsons, 304-822-5033.
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** 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. Financial need
 - b. Academic info obtained in transcripts
 - c. Leadership/School Activities
 - d. Community Service
 - e. Work Experience

Applicants, **PLEASE RETAIN** this paper for important information!

MAIL TO:

**Carmel Esposito
167 Tartan DR
Follansbee, WV. 26037**

2017-2018 GFWC WEST VIRGINIA SCHOLARSHIP APPLICATION FORM
Completed Application Form DUE APRIL 1, 2018

Please print or type:

Name: _____
Last First Middle

Address: _____
Street City State Zip code

Telephone: _____ Cell phone: _____

Email Address: _____ 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 (show relationship with student):

Name Email Telephone

Academic: _____
Name Email Telephone

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) _____

West Virginia school you have been accepted to: _____

Major: _____ Letter of Acceptance: _____ required

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)

2017-2018 GFWC WV Scholarship Application Form

Have you previously received the GFWC WV 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: "Why you need (*not just want*) 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 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 Beth Parsons, Chairman at 304.822-5033 or email to <mailto:bethwv2@gmail.com>
- 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, 2018. Incomplete applications or applications RECEIVED AFTER THE DUE DATE WILL NOT BE CONSIDERED.