

NAME OF SCHOLARSHIP

GFWC WOMAN'S CLUB OF SARASOTA, INC.

ELIGIBILITY DEADLINES

Pupil support services will distribute applications to high school guidance offices at the beginning of October. Deadline for the applications to be submitted is **MARCH 1**. Only one winner will be notified by April 1.

Open to women and girls of Sarasota County. Applicants must be accepted at an accredited Florida College or University, have earned a 3.0 cumulative grade point average, and demonstrate financial need. The Women's Club is also interested in giving a scholarship to students in college who need help to complete their college degree.

REQUIREMENTS FOR SCHOLARSHIP

1. Completed Application
2. GPA 3.0 or greater
3. High School or College transcripts
4. Personal letter for applying
5. Letter of recommendation
6. Copy of school acceptance letter

SCHOOLS ELIGIBLE TO PARTICIPATE

Open to all Sarasota County high schools and colleges.

HOW AWARDED/AMOUNT

One scholarship \$1000 will be awarded. Need will be a consideration in the selection process.

CONTACT PERSON/AGENCY

Vicki Goodrich, Scholarship Chairman
3218 Oakwood Blvd. South
Sarasota, FL 34237

Phone: 918-260-9388

SCHOLARSHIP APPLICATION

GFWC WOMAN'S CLUB OF SARASOTA, INC.
P.O. BOX 2504, SARASOTA, FL 34230-2504

Please print or type and attach the following:

PERSONAL

NAME _____

Last

First

Middle

DATE OF BIRTH _____ SOCIAL SECURITY # _____

HOME ADDRESS _____

Street

City

State

Zip

Phone

NAME OF PARENT/GUARDIAN _____

ADDRESS _____

Street

City

State

Zip

Phone

OCCUPATION OF FATHER _____ MOTHER _____ GUARDIAN _____

TOTAL # OF BROTHERS & SISTERS _____ IN COLLEGE _____ AT HOME _____

OTHER _____

EDUCATION

SCHOOL NOW ATTENDING _____ GRADE _____

If not currently a High School Senior, indicate date of graduation from High School _____

NAME OF COLLEGE TO WHICH YOU HAVE APPLIED _____

OR INTEND TO APPLY _____

INDICATE COURSE OF STUDY YOU PLAN TO PURSUE _____

TOTAL ANTICIPATED EDUCATIONAL EXPENSES \$ _____
TOTAL CONFIRMED FROM SCHOLARSHIPS \$ _____
FINANCIAL AID AND ALL OTHER SOURCES \$ _____
BALANCE NEEDED \$ _____

EMPLOYMENT

WHEN IN COLLEGE, DO YOU PLAN TO WORK DURING: School year _____ Summer _____

ACTIVITIES

SCHOOL ACTIVITIES _____ OFFICES HELD _____

YEARS A MEMBER _____

OTHER ACTIVITIES (COMMUNITY, CHURCH, ETC.) _____

Please explain any circumstances affecting your financial situation or any other information that would be helpful in evaluation, especially if such information could not be stated on this form.

CERTIFICATION

I ACKNOWLEDGE THAT THE INFORMATION HERewith SUBMITTED IS CORRECT TO THE BEST OF MY KNOWLEDGE AND THAT I WILL INFORM THE NOMINATING COMMITTEE OF ANY CHANGES WHICH MAY OCCUR IN THIS INFORMATION.

DATE _____ APPLICANT'S SIGNATURE _____

Please submit completed application to:

Vicki Goodrich, Scholarship Chairman
3218 Oakwood Blvd. S.
Sarasota, FL 34237

Phone: 918-260-9388