

**2018-2019 GFWC WEST VIRGINIA SCHOLARSHIP APPLICATION FORM**  
**Completed Application Form DUE APRIL 1, 2019**

*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)



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: "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)

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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 Sharon Sheridan, Chairman at 304.834.9044 or email to: ssherida3@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, 2019. Incomplete applications or applications OR RECEIVED AFTER THE DUE DATE WILL NOT BE CONSIDERED.