

**GFWC Women’s Club of South County Scholarship**

# Background and Purpose

The General Federation of Women’s Clubs (GFWC) Women’s Club of South County, founded in 1962, provides a forum for women to discuss and address issues of concern to the community. In 1997, the Club established a Scholarship Fund to support continuing education among women with limited financial and educational opportunities. In addition to the Club’s local fundraising efforts each year to support the Scholarship Program, The Rhode Island Foundation also manages a permanent Scholarship Endowment Fund established by the Club to provide a contribution to the total amount of scholarship funds distributed annually. This ensures perpetual support of the idea that the GFWC Club is committed to helping Washington County women achieve their educational and career goals.

All scholarships awarded by the GFWC Women’s Club of South County are for the direct support of tuition for accredited programs or colleges linked to the achievement of the recipient’s educational goals. *Preference is given to highly motivated women with limited financial resources with or without dependents who need further education or training to become more self-supporting.* The scholarship awards are distributed directly to the educational institution **for tuition costs only.**

# Eligibility Criteria

*To qualify as an applicant, all the following criteria must be met:*

1. Be a woman of at least age 19 by date of application.

2. Be a resident of Washington County (Charlestown, Exeter, Hopkinton, Narragansett, New Shoreham/Block Island, North Kingstown, Richmond, South Kingstown and Westerly).

3. Exhibit financial need by providing FAFSA documentation or, if not available, a verified statement of need from a community agency or educational institution.

4. Be enrolled, or accepted, in an accredited career/vocational training or certificate program, or working toward a **first degree** (i.e., associate or bachelor).

5. Has demonstrated the motivation to achieve educational and career goals.

6. ***Preference will be given to the applicant who is the primary support for herself and/or her dependents. Dependents may include children, spouse, partner, siblings and/or parents.***

**Submittal Process**

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*Applications may be submitted using the online application, emailed, or sent by U.S. mail to the Chairperson of the Scholarship Committee for processing, review and assessment by the Scholarship Committee of the GFWC Women’s Club of South County. The application timeline and due dates are provided on the application. Please use* ***black ink*** *if submitting a handwritten form.*

***Privacy Policy***: The information provided in this application will be used exclusively by the Scholarship Committee.

Revised 10.17.2022ec



**GFWC Women’s Club of South County**

**2023 Scholarship Application – Deadline, April 1, 2023**

# Section 1. Basic Information

Name (first, middle initial, last): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address (number, street, city, state, zip code): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Date of birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: (H) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(C)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How do you prefer to be contacted (by phone or email)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Highest level of education achieved & date completed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of dependents you support (NOT including yourself): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How are they related to you (children, spouse, partner, parents, siblings, etc.)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you know or are you related to any member of the GFWC Women’s Club of South County? If yes**,** please share who and your relationship to them. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Section 2. What are your education and career goals?**

1. Please check the item or items that best describes your situation.

\_\_\_\_ To further my education \_\_\_\_ Seek additional skills to re-enter workforce \_\_\_\_Seek additional skills to

improve job status ­­­\_\_\_\_Seek to further certification/degree already started \_\_\_\_Other

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1. What is the name of the school or vocational training program you are attending or where you have been accepted?

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1. What will be your area of study? (Example: Physical Therapy Assistant, Certified Nursing Assistant (CNA), Early Education Certificate, Information Technology/IT Support, or various Associate’s and bachelor’s degrees)

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**D.** What is the total annual (12 months) tuition cost? (September 2023 through August 2024) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Amount requested from the GFWC Women’s Club of South County $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(The scholarship awards are distributed directly to the educational institution for tuition costs only.)

**E**. Please list any other scholarships applied for :

Name of Scholarship Amount Awarded Received Date or Pending

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

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**F.**  When do you expect to complete your studies? (Month and Year) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**G**. Please list your most recent work experience and/or community volunteer activities (organization, position, & dates).

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**H.** How did you learn about this scholarship opportunity? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Section 3. Tell Us More about Yourself / Personal Statement

*The GFWC Scholarship Award is intended to help women move forward with their careers and education who have financial and/or personal challenges. The program seeks to assist women who are currently enrolled in or who have been accepted to a school or a certificate program.*

We would like to know more about you. In **250 words or less**, please tell us your hopes, dreams, and your plan to build a better life for yourself and your dependent/s. What obstacles or setbacks have you faced? What are you doing or planning to do to become self-supporting, and how will this award help you? (Please use a separate piece of paper and type your response.)

**Section 4. Letters of Recommendation**

Please include **two** letters of recommendation from non-family members who can speak on your behalf. For example, the references can come from a teacher, coach, clergy, counselor, social service professional or employer. Ask these references to include their name, contact information, phone number, email, a statement of how they know you and to sign their recommendation. This confidential information will only to be shared with the Scholarship Committee.

# Section 5. Financial Information

**Please submit a Student Aid Report (SAR) or a verified statement of need from a community agency and/or educational institution.**

*You may be asked to provide additional financial information to satisfy this requirement.*

# Section 6. Documentation Checklist

*There are other pertinent documents that now* ***MUST*** *be submitted:*  \_\_\_\_\_\_\_\_\_\_1. **Required:** **Two** letters of recommendation - **signed**

\_\_\_\_\_\_\_\_\_\_2. **Required:** Copy of your HS Diploma or GED or other documentation indicating last educational or vocational degree or certificate.

\_\_\_\_\_\_\_\_\_\_3. **Required:** Personal statement

\_\_\_\_\_\_\_4.. **Required:** Copy of your final Student Aid Report (SAR). Note: This is not the application you submitted, but the returned report from the U.S. Dept. of Education**.**

\_\_\_\_\_\_\_\_\_\_5. ***If applicable*.** Copy of your financial aid award letter from the college or institute of higher education you will be attending.

\_\_\_\_\_\_\_\_. 6. **If applicable:** You may be asked to provide a copy of the **first page** of last year’s tax return(s) **or** another government documentation such as SNAP, SAMHSA, LIHEAP, SSI disability, etc. to validate your income.

# Certification and Signature

I certify that the information in this application is accurate and complete to the best of my knowledge. I agree to provide documentation for information on this application if asked by the GFWC Women’s Club of South County. I realize that failure to comply with all application requirements and/or requests for additional information may disqualify me from receiving a scholarship.

**If granted a scholarship, I give permission for the GFWC Women’s Club of South County to use my photograph and/or selected quotes for publicity purposes. *(Check one)* \_\_\_\_\_\_\_\_\_\_Yes \_\_\_\_\_\_\_\_\_\_No**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Applicant’s Signature Date**

**Application Deadline: April 1, 2023.**

If you are submitting a handwritten application, please email or send via U.S. mail the completed and signed Scholarship Application and supporting documentation in one envelope to:

**Monica Hanson, Chairperson**

**GFWC Women’s Club of South County**

**Scholarship Committee**

**PO Box 5684**

**Wakefield, RI 02880**

**If you wish to email your application or have questions regarding your application, email:** [mjh98@caa.columbia.edu](mailto:mjh98@caa.columbia.edu)

**or**

scholarshipWCSC@gmail.com

Applicants will be notified by May 18, 2023.

Thank you for your interest in the GFWC Women’s Club of South County Scholarship.