

GFWC WI SOUTHERN PRAIRIES HEALTH SCHOLARSHIP

SCHOLARSHIP FOR GRADUATING HIGH SCHOOL SENIORS

APPLICATION FORM

DATE: _____

NAME _____

ADDRESS _____ **CITY** _____ **ZIP** _____

PHONE _____ **EMAIL:** _____ **DATE OF BIRTH** _____

MOTHER'S NAME _____

ADDRESS _____ **CITY** _____ **ZIP** _____

PHONE _____ **EMAIL:** _____

FATHER'S NAME _____

ADDRESS _____ **CITY** _____ **ZIP** _____

PHONE _____ **EMAIL:** _____

OTHER FAMILY MEMBERS (Names & Ages) _____

CURRENT HIGH SCHOOL _____

On separate sheets of paper, submit the following:

- 1. Grade Transcripts**
- 2. Academic Achievements, Awards, Honors, etc.**
- 3. Personal Statement:** A minimum of 250 typewritten words incorporating your plans for the future, including academic majors and other areas of study you intend to pursue in higher education.
- 4. Financial Need:** Include a typewritten statement incorporating your need for financial support. Including any part-time employment, you have held in order to raise funds for your education and any scholarships or financial aid already awarded to you.
- 5. Character and Values:** Include at least two letters of recommendation from your counselors, employers, clergy, teachers, etc. (exclude relatives). List any volunteer activities you have performed.

PLEASE MAIL YOUR APPLICATION TO:

GFWC-WI SOUTHERN PRAIRIES DISTRICT
C/O Michelle Munoz, 2nd VP SPD
39129 N Aberdeen Lane
Beach Park, IL 60083
847-910-8698 Email: chellemunoz@hotmail.com
Please text me that you've emailed an application

APPLICATION DEADLINE IS MARCH 15