



**GENERAL FEDERATION OF WOMEN'S CLUBS WEST  
VIRGINIA**  
**[www.gfwcwestvirginia.org](http://www.gfwcwestvirginia.org)**

**FUND RULES**

**GFWC WEST VIRGINIA SCHOLARSHIP  
APPLICATION DEADLINE APRIL 1, 2019**

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](http://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 1<sup>st</sup>**. 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:**

**Linda Linkous  
319 Maple Acres RD  
Princeton, WV 24739**

**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)

2018-2019 GFWC West Virginia Scholarship Application Form

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.