



## **GFWC PLANTATION WOMAN'S CLUB, INC. SCHOLARSHIP GUIDELINES & APPLICATION**

It is the policy and commitment of The GFWC Plantation Woman's Club that it does not discriminate based on race, age, color, sex, national origin, religion, physical or mental disability.

1. Applicant must be a Plantation resident.
2. Award is based on need, academic achievement, quality of essay, and activities.
3. High school GPA must be 3.5 or higher.
4. Approximate household income and number in family may be considered.
5. Student must attend a Florida state supported college or university. Exceptions may be made for certain specialties not available in Florida state schools, and some Florida trade schools.
6. Student must be considered full-time per the institution's guidelines.
7. The following must be submitted for consideration, and received by March 29, 2024:
  - a. a completed application
  - b. an official high school transcript
  - c. a brief essay
  - d. an official SAT or ACT score
  - e. two letters of recommendation
8. A check for up to \$3,000.00 will be sent directly to the institution's financial aid office. The address for the financial aid office must be given to the Education Scholarship Chair by August 1, 2024.

### **STUDENT ACCEPTANCE OF TERMS**

Signature of student: \_\_\_\_\_

Print Name: \_\_\_\_\_

Signature of parent or guardian: \_\_\_\_\_

Print name: \_\_\_\_\_

Date: \_\_\_\_\_

### **SCHOLARSHIP APPLICATION**

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Home phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_

Name of High School: \_\_\_\_\_

Graduation date: \_\_\_\_\_

Size of class: \_\_\_\_\_ Class rank: \_\_\_\_\_ GPA: \_\_\_\_\_  
Weighted Unweighted

Number of service hours: \_\_\_\_\_

Where service hours earned (use additional sheet if necessary): \_\_\_\_\_

To what educational institutions have you applied for admission: \_\_\_\_\_

Please list school activities: \_\_\_\_\_

Please list activities outside of school: \_\_\_\_\_

List any honors or awards received: \_\_\_\_\_

List any paid or volunteer positions held during high school or summer: \_\_\_\_\_

Have you submitted a Financial Aid Applications (FAFSA)? \_\_\_\_YES \_\_\_\_NO

Have you received any other scholarships? \_\_\_\_YES \_\_\_\_NO

If "yes", please list: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_ Approx. annual earnings: \$ \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_ Approx. annual earnings: \$ \_\_\_\_\_

List additional dependents other than you who are supported by your parent(s):

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_

Please provide any additional information indicating a special need for scholarship aid: \_\_\_\_\_

Are you a U.S. Citizen or have a "green card"?: \_\_\_\_\_

**Please attach a brief essay describing your incentive for desiring a college/university education.**

**Attach two (2) letters of recommendations from your school and/or local community leader.**

**A COPY OF YOUR HIGH SCHOOL TRANSCRIPT AND SAT AND/OR ACT SCORES  
MUST BE ENCLOSED WITH THIS APPLICATION.**

**THE APPLICATION MUST BE RECEIVED BY FRIDAY, MARCH 29, 2024.**

Send via U.S. Postal Service to:

Karen Hodish

940 Bayberry Point Drive

Plantation, FL 33324

Cell: 954-599-4067

STUDENT SIGNATURE: \_\_\_\_\_

PARENT AND/OR GUARDIAN SIGNATURE: \_\_\_\_\_

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