



**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 on the basis of 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.
6. Student must be considered full-time per the institutions guidelines.
7. A completed application and high school transcript must be submitted for consideration.
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, 2020.

STUDENT ACCEPTANCE OF TERMS

Signature of student: _____

Print Name: _____

Signature of parent or guardian: _____

Print name: _____

Date: _____

SCHOLARSHIP APPLICATION

Name: _____ (SSN must be provided if scholarship is awarded)

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 MARCH 28, 2020.

Send via U.S. Postal Service to:

Karen Hodish

940 Bayberry Point Drive

Plantation, FL 33324

Email: khodish@comcast.net

STUDENT SIGNATURE: _____

PARENT AND/OR GUARDIAN SIGNATURE: _____

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State of Florida, Broward County

The foregoing instrument was acknowledged before me this date _____ by

_____ (name of person acknowledging) who is personally known to me or who

has produced _____ (type of identification) as identification.

In witness hereof, I here unto set my hand and official seal.

Notary Public