A logo for a women's day

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**$1,000.00 STATE   
HEALTH SCHOLARSHIP APPLICATION**

Scholarships are awarded each year by GFWC-WI to Wisconsin graduating high school students and adult students who are pursuing a career in the health field. The recipients of the scholarships will be notified by email in late April and will be invited to and   
honored at the awards luncheon at the GFWC-WI State Convention held at

the Embassy Suites Hotel, Brookfield, WI

on Saturday, May 4, 2024.

It is not mandatory to attend but our members appreciate the opportunity to meet the recipients.

The scholarship is effective the second semester of the school year. The check will be issued jointly to the recipient and the attending college by the second semester tuition due date.

DEADLINE FOR SUBMISSION: **APRIL 1**

INSTRUCTIONS:

This application form must be saved and completed at your computer so that it can be sent as instructed.

The application and required accompanying documents must be sent via email by the deadline to the Committee Chairperson, Shelly Isely. Use the following email address: shellyisely@yahoo.com.

**The application requires use of Microsoft Word**. Press the tab key or mouse click to progress from one blank to the next. All blanks that apply to you must be complete.

REQUIRED DOCUMENTS:

1. Application form (included below).
2. There are two required narratives to complete on this form. Use the space provided.
3. Letter of acceptance from an accredited university or college of your choice, scanned as jpg or pdf attachment.
4. Two (2) letters of recommendation from clergymen, teachers, employers or GFWC-WI club members, attached as jpg or pdf to the email.
5. Copy of transcript from most recently attended high school or college, attached as jpg or pdf to the email.
6. You MUST identify the sponsoring GFWC-WI Club and its president by name. You MUST CC the Club president on the application email submission sent to the committee chair. The committee chair can assist in locating email addresses.

| GFWC-WISCONSINHEALTH SCHOLARSHIP Application | | | | |
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| Answer all questions as completely and accurately as possible.  all application materials must be sent via email per the instructions by april 1 | | | | |
| Applicant Information | | | | |
| Name: Click here to enter text. | | | Email: Click here to enter text. | |
| Current address: Click here to enter text. | | | | |
| City: Click here to enter text. | State: Click here to enter text. | | | ZIP code: Click here to enter text. |
| Date of birth: Click here to enter a date. | Home phone: Click here to enter text. | | | Cell phone: Click here to enter text. |
| high school student Educational data | | | | |
| Only complete this section if you plan to continue your education within a year of completing high school. | | | | |
| GPA: Click here to enter text. | Class rank: Click here to enter text. | | | Graduation date(mm/yyyy): Click here to enter text. |
| Name of college you will attend: Click here to enter text. | | | | Have you been accepted? Choose an item. |
| Expected enrollment date(mm/yyyy ): Click here to enter text. | | Is this a 2 yr. or 4 yr. college?Choose an item. | | |
| returning student educational data | | | | |
| Only complete this section if you are a student with a year or more since you have attended high school. | | | | |
| Name of college you will attend: Click here to enter text. | | | | Have you been accepted? Choose an item. |
| Expected/actual enrollment date(mm/yyyy): Click here to enter text. | | Is this a 2 yr. or 4 yr. college? Choose an item. | | |
| College GPA (*if applicable)*: Click here to enter text. | High School graduation date(mm/yyyy): Click here to enter text. | | | High School GPA: Click here to enter text. |
| financial needs statement (all applications) | | | | |
| Current employer (*if applicable*): Click here to enter text. | | | | |
| Employer address (*if applicable*): Click here to enter text. | | | | |
| Estimated cost for one year’s tuition and books (do not include room and board) Click here to enter text. | | | | |
| Cost percent likely paid by other scholarships or financial aid: Click here to enter text. | Cost percent likely paid by individuals other than you: Click here to enter text. | | | Cost percent likely paid by  yourself: Click here to enter text. |

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| Narrative Statement on educational objectives |
| Please compose an essay of 100-300 words stating your educational objectives, your choice of career, and plans for attaining your goal. Be sure to include any additional information that is important about your circumstances that would be valuable for the committee to know in evaluating the application. This portion of the application is evaluated on writing skills and content. |
| Click here to enter text. |

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| extra-curricular student and community activities | |
| As a volunteer organization with a philanthropic emphasis, we place particular value on community service or school volunteer activities. Please provide some examples of activities, along with the name of the organization and years of service. List extra-curricular activities in which you have participated. Also list any other volunteer activities in which you have participated, indicate honors/awards received, office(s) held and years of associated service.  IF NEEDED – you may attach a separate jpg or pdf file to the application email. | |
| Click here to enter text. | |
| References | |
| NOTE: A scanned copy of two letters of recommendation must be included in the email containing the application. For convenience of the reviewers, please provide the names and contact phone numbers of the references below. | |
| Name | Phone |
| Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |

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| Publicity release | | | | |
| As a public relations opportunity, the GFWC-WI would like the option to publicize the name of the recipients of the GFWC-WI Health Scholarship in the recipient’s local newspaper. Only the name, city, current school name and possibly the intended college/university name will be disclosed. NO FINANCIAL INFORMATION OR PERSONAL INFORMATION will be shared by GFWC-WI. Complete the section below if you agree to these terms that allow GFWC-WI to issue a press release or to share on social media. | | | | |
| Name of applicant’s area newspaper: Click here to enter text. | | | | |
| Newspaper street address: Click here to enter text. | | | | |
| City: Click here to enter text. | State: Click here to enter text. | ZIP Code: Click here to enter text. | | |
| **GFWC-WI or its local clubs may post information about  granted scholarships on its website and/or on Facebook**. Choose an item. | | | | |
| Applicant eSignature: Click here to enter text. *(Type full name)* | | | Date: Click here to enter text. | |
| Signatures | | | | |
| I certify that all information provided on this application is true and correct. | | | | |
| eSignature of applicant: Click here to enter text. *(Type full name)* | | | | Date: Click here to enter text. |
| eSignature of parent/guardian (only if applicant is a minor): Click here to enter text. (Type full name) | | | | Date: Click here to enter text. |
| Name of  Sponsoring Club President: Click here to enter text. | | | | Sponsor Club Name: Click here to enter text. |