

**The General Federation of Women’s Clubs is an international organization dedicated to community improvement by enhancing the lives of others through community service.**

**WI-Rolling Hills District**

**$500.00 HEALTHCARE & WELLNESS SCHOLARSHIP APPLICATION**

Scholarships are awarded each year by GFWC-WI Rolling Hills District to Wisconsin graduating high school students and adult students who are pursuing a career in the healthcare or wellness related field. The recipients of the scholarships will be notified in April.

INSTRUCTIONS:

DEADLINE FOR SUBMISSION: **Tuesday**, **March 12th, 2024**

The application form is at **GFWC-WI.org** Home Page at the Awards & Scholarships Section. Download and save the application to your computer. Once complete, please send the application as instructed below.

The application and required accompanying documents must be mailed and postmarked by the deadline to the **Scholarship Committee**, **Woman’s Club of Hartland, P.O. Box 424, Hartland, WI 53029**

**The application requires use of Microsoft Word.** (Apple/MAC users – this application does not work with Pages.) Press the tab key or the 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. Two required narratives to complete on this form. Use the space provided. If additional space is needed, create a separate document(s) (using 12 font) and attach.

a.) Educational Objectives Essay

b.) Extra-curricular and Community Activities Essay (space provided for each or you may attach your WORD document to include with your application.

1. Letter of acceptance from an accredited university or college of your choice.
2. Two (2) letters of recommendation from clergy, teachers, employers, or GFWC-WI club members.
3. Copy of transcript from most recently attended high school or college.
4. You MUST identify the sponsoring GFWC-WI Club and its president by name. You MUST provide a copy to your local Club president.

| GFWC-Wi rolling hills districtHEALTHcare & WELLNESS SCHOLARSHIP Application | | | | | |
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| Answer all questions as completely and accurately as possible.  all application materials must be sent per the instructions by MARCH 12th 2024 | | | | | |
| Applicant Information | | | | | |
| Name: | | | | Email: | |
| Current address: | | | | | |
| City: | State: | | | | ZIP code: |
| Date of birth: | Home phone: | | | | Cell phone: |
| high school student Educational data | | | | | |
| Only complete this section if you plan to continue your education within a year of completing high school. | | | | | |
| GPA: | Class rank: | | | | Graduation date (mm/yyyy): |
| Name of college you will attend: | | | | | Have you been accepted? |
| Expected enrollment date (mm/yyyy): | | Is this a 2 yr. or 4 yr. college? | | | |
| returning student educational data | | | | | |
| **Only complete this section if you are a returning student with a year or more since you have attended high school.** | | | | | |
| Name of college you will attend: | | | | | Have you been accepted? |
| Expected/actual enrollment date(mm/yyyy): | | | Is this a 2 yr. or 4 yr. college? | | |
| College GPA (if applicable): | High School graduation date (mm/yyyy): | | | | High School GPA: |
| financial needs statement (all applications) | | | | | |
| Estimated cost for one year’s tuition and books (do not include room and board): | | | | | |
| Cost percent likely paid by other scholarships or financial aid: | Cost percent likely paid by individuals other than you: | | | | Cost percent likely paid by  yourself: |

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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 judged on writing skills and content. |
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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 during and/or after your high school years. Also list any other volunteer or work experience commitments in which you have participated, indicate honor/awards received, office(s) held, hours worked and years of service.  IF NEEDED – you may create a separate WORD FILE and attach it to the application email. | |
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| ReCOMMENDATIONS | |
| 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 |
| Name | Phone |

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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 Healthcare & Wellness 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: | | | | |
| Newspaper street address: | | | | |
| City: | State: | ZIP Code: | | |
| **GFWC-WI or its local clubs may post information about**  **granted scholarships on its website and/or on Facebook**. Yes  No | | | | |
| Applicant eSignature: (Type full name) | | | Date: | |
| Signatures | | | | |
| I certify that all information provided on this application is true and correct. | | | | |
| Signature of applicant: | | | | Date: |
| Signature of parent/guardian (only if applicant is a minor): | | | | Date: |
| Name of Sponsoring Club President (refer to list below): | | | | Sponsor Club Name: |

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| Office Use Only | | | | | | | | |
| Date Received: |  | | |  | | | | |
| Complete packet by due date: | ☐ Yes | ☐ No |  | |  | App # |  |  |

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| **GFWC-WI Rolling Hills District Club President** | | | | |
| **Club** | **Name** | **Email** | **Address** | **Phone** |
| ***Boscobel Woman's Club*** | Angela O’Brien | Angelaobrien1108@gmail,com | P.O. Box 283  Boscobel, WI 53805 | 608-778-1987 |
| ***Dodgeville Federated Woman's Club*** | Bridget Dickler | [bleiskau@yahoo.com.au](mailto:bleiskau@yahoo.com.au) | 4522 County Road Q  Dodgeville, WI 53533 | 608-935-3573 |
| ***Hartford Junior Women's Club*** | Nancy O'Rourke | [orourkena@gmail.com](mailto:orourkena@gmail.com) | W655 Pond Rd.  Rubicon, 53078 | 262-224-4871 |
| ***Woman's Club of Hartland*** | Renee Rasmussen | [renee.rasmussen.1@gmail.com](mailto:renee.rasmussen.1@gmail.com) | 306 Manchester  Hartland, WI 53029 | 262-367-9564 |
| ***Hillsboro Woman's Civic Club*** | Lori Stanek | [wendyjoy@mwt.net](mailto:wendyjoy@mwt.net) (treasurer) | S3797 St. HWY 80  Hillsboro, WI 54634 | 608-462-7166 |
| ***Muskego Woman’s Club*** | Sue Schwarten | sschawarten@gmail.com | P.O. Box 143, Muskego, WI 53150 | 414-803-4842 |
| ***Oconomowoc Junior Woman's Club*** | Janine Haar | janine.haar@yahoo.com | N7784 Vicksburg Way #E  Oconomowoc, WI 53066 | C 717 940 3870 |
| ***Oconomowoc Woman's Club*** | Sharon Phelps | [sharon3284@aol.com](mailto:sharon3284@aol.com) | W303N2634 Maple Ave.  Pewaukee, WI 53072 | 414-303-4761 |
| ***Woman's Club of Pewaukee*** | Christine Nevinski | chrisnevinski@gmail.com | 1112 Riverway Court Pewaukee 53072 | 262-527-1488 |