

GFWC Women's Club of South County 2020 Scholarship

Background and Purpose

The General Federation of Women's Clubs (GFWC) Women's Club of South County, founded in 1962, provides a forum for women to discuss and address issues of concern to the community. In 1997, the Club established a Scholarship Fund to support continuing education among women with limited financial and educational opportunities. In addition to the Club's local fundraising efforts each year to support the Scholarship Program, The Rhode Island Foundation also manages a permanent Scholarship Endowment Fund established by the Club to provide a contribution to the total amount of scholarship funds distributed annually. This ensures perpetual support of the idea that the GFWC Club is committed to helping Washington County women achieve their educational and career goals.

All scholarships awarded by the GFWC Women's Club of South County are for the direct support of tuition for accredited programs or colleges linked to the achievement of the recipient's educational goals. Preference is given to highly motivated, women with reduced financial circumstances with or without dependents who need further education or training to become more self-supporting. The scholarship awards are distributed directly to the educational institution **for tuition costs only.**

Scholarships Awarded

- The GFWC Women's Club of South County Scholarship
 - Scholarship amounts may vary from year to year
 - Multiple recipient awards may be given annually
 - Scholarships are primarily one time awards per recipient

Eliqibility Criteria

To qualify as an applicant, all of the following criteria must be met:

- Be a woman of at least age 19 by date of application, with a high school diploma or GED.
- Be a resident of Washington County (Charlestown, Exeter, Hopkinton, Narragansett, New Shoreham/Block Island, North Kingstown, Richmond, South Kingstown and Westerly).
- Exhibit financial need by providing documentation or a verified statement of need from a community agency or educational institution and be able to provide financial and/or other documentation as requested.
- Preference will be given to the applicant who is the primary support for herself or herself and dependents. Dependents may include children, spouse, partner, siblings and/or parents.
- Be enrolled, or accepted, in an accredited educational program and working toward a first degree (associate or bachelors) or in a career/vocational training or certificate program.
- Has demonstrated the motivation to achieve educational and career goals.

Submittal Process

Applications may be emailed or sent by U.S. mail to the Chairperson of the Scholarship Committee for processing, review and assessment by the Scholarship Committee of the GFWC Women's Club of South County. The application timeline and due dates are provided on the application.

Notice of Non Discrimination Policy: The GFWC Women's Club of South County Scholarship does not discriminate in its selection policy, programs, or activities on the basis of race, color, creed, disability, national/ethnic origin, age, religion, sexual orientation, or disabled veteran/Vietnam era veteran status.

Privacy Policy: The information provided in this application will be used exclusively by the Scholarship Committee for the purpose of evaluating a candidate's qualifications and financial need for the Scholarship.



GFWC Women's Club of South County 2020 Scholarship Application

Section 1. Basic Information

Name (first, middle initial, last):	
Address (number, street, city, state, zip code):	
Date of birth: Marital Status:	
Phone Number: (H)(C)	
Email Address:	
How do you prefer to be contacted (by phone or email)?	
Highest level of education achieved & date completed:	
Number of dependents you support (NOT including yourself):	
How are they related to you (children, partner, spouse, parents, etc.)?	
Ages (if they are children):	
Do you know or are you related to any member of the GFWC South County Women's Club of South County? If yes share who and your relationship to them	pleas
Section 2. What are your education and career goals?	
A. Please check the item or items that best describes your situation.	
 □ Want to further my education □ Need additional skills to re-enter work force □ Seek additional skills to improve job status □ Seek to finish certification/degree already started □ Other 	
B. What is the name of the school or vocational training program you are attending or where you have been accepted.	ed?
C. What will be your area of study? (Example: Physical Therapy Assistant, Certified Nursing Assistant (CNA), Early Education Certificate, Information Technology/IT Support, or various Associates and Bachelor degrees)	

D. When do you expect to complete your studies? (Month and year)
E. What is the tuition cost for this course of studies (indicate term, semester or program) \$
F. Are you currently working and do you plan to continue working while you are getting your education? (Check one) Yes □ No □ If yes, how many hours a week?
G. Please list your most recent work experience and/or community volunteer activities (organization, position, & dates)
H. Have you applied for or have you received other scholarships for your current program of study? (Check one) Yes □ No □ If yes, name(s) of scholarship, award amount, and date received.
(This will not affect your eligibility.)
I. Amount requested from the GFWC Women's Club of South County \$(The scholarship awards are distributed directly to the educational institution for tuition costs only.)
J. How did you learn about this scholarship opportunity?

Section 3. Tell Us More About Yourself / Personal Statement

The GFWC Scholarship Award is intended to help women move forward with their careers and education who have financial and/or personal challenges. The program seeks to assist women who are currently enrolled in or who have been accepted to a school or a certificate program.

We want to know more about you. What are your hopes and dreams and your plan to building a better life for yourself and your dependent/s? What obstacles or setbacks have you faced? What are you doing or planning to do to become self-supporting?

In 250 words or less tell us about the challenges you've faced and how you think this award can help you. (*Please use a separate piece of paper and type your response.*)

Section 4. Letter of Recommendation

Please include one or two letter(s) of recommendation from a non-family member(s) who knows you and can speak on your behalf about your situation. For example the reference(s) can be from a teacher, coach, clergy, counselor, social service professional or employer. Ask this reference to include their name, contact information, phone number, a statement of how they know you and to sign their recommendation.

Please submit a Student Aid Report (SAR) or a verified statement of need from a community agency or educational institution.

Otherwise, complete <u>Section 5</u>.

Section 5. Financial Information

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Employment:

Tuition:

Scholarship recipients are selected in part based on financial need. Please share information about your annual income and expenses. Submit a copy of an official U.S. Income Tax Return from the previous year or provide another suitable Government document to validate total income. Please be as exact as you can. You may be asked to provide additional financial information to satisfy this requirement.

Gov't Assistance:

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Income: Please list your ANNUAL household income and savings (from the money you have after taxes):

Savings	\$	Social Security:	\$
Child Support	\$	Loans:	\$
Alimony	\$	Scholarships:	\$
se list any additional	income received by y	ou or your dependents:	
•		ou or your dependents: \$	
ce:		you or your dependents: \$ \$	
ce:		\$ \$	
ce:		\$ \$	\$
ce: ce: enses: Please list yo	our ANNUAL househo	\$ \$ Id expenses.	\$

Books:

Please list any additional expenses: Expense:	
Expense:	\$ \$

Section 6. Documentation Checklist

Ther	e are other per	inent documents that now MUST be submitted:	
	1. Required:	Letter of recommendation.	

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- 2. **Required:** Copy of your HS Diploma or GED or other documentation indicating last educational or vocational degree or certificate.
- ☐ 3. **Required:** Personal statement.
- 4. **If applicable:** Copy of last year's tax return(s). If you do not file U.S. taxes, submit other government documentation such as SNAP, SAMHSA, LIHEAP, SSI disability, etc. to validate your income.
- 5. *If applicable*. Copy of your financial aid award letter from the college or institute of higher education you will be attending (if you are undecided, please send award letters from your top two choices).
- 6. *If applicable*. Copy of your final Student Aid Report (SAR). Note: This is not the application you submitted, but the returned report from the U.S. Dept. of Education.
- 7. *If applicable:* Verified statement of need.

Certification and Signature

- I certify that the information in this application is accurate and complete to the best of my knowledge.
- I agree to provide documentation for information on this application if asked by the GFWC Women's Club of South County.
- I realize that failure to comply with all application requirements and/or request for additional information may disqualify me from receiving a scholarship.

 If granted a scholarship, I give permission for the GF 	-WC Wom	en's Club of South County to use my photograp	h and /or
selected quotes for publicity purposes. (Check one)	Yes □	No 🗆	11 4114 701
Applicant's Signature		Date	

Application Deadline: April 1, 2020

Email or send via U.S. mail the completed and signed Scholarship Application and supporting documentation in one envelope to:

Elayne Casey, Chairperson GFWC Women's Club of South County Scholarship Committee PO Box 5684 Wakefield, RI 02879

If you wish to email your application or have questions regarding your application, email elayne111@verizon.net

Applicants will be notified by May 18, 2020.

Thank you for your interest in the GFWC Women's Club of South County Scholarship.