



GFWC-Delaware State Federation of Women's Clubs

**Scholarship Application**  
(Confidential Information – Please Print or Type)

Date \_\_\_\_\_

Name \_\_\_\_\_  
(Last) (First) (Middle)

Email \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_

Secondary School \_\_\_\_\_ Senior Counselor \_\_\_\_\_

Secondary School Graduation Year \_\_\_\_\_

List in order of preference the colleges to which you have applied for admission. Check if you have been accepted; if you have been applied for aid; list amount if aid has been granted.

	Accepted	Applied For Aid	Aid Granted
1. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**I. Typewritten Statement** – Please answer the following question in approximately 150 words using a computer and attach to the end of this application.

**What do you intend to study in college and why?**

## II. Scholarship and Extra-curricular Activities

**Sophomore**

**Junior**

**Senior**

Academic Honors and Awards			
Elected Offices			
Sports			
Dramatics			
Music, Art			
Publications			
Community Service			
Other			

## III. Work Experience

**Employer**

**Dates of  
Employment**

**Type of  
Work**

**Hours/Week**

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#### IV. Financial Information

A. List basic costs for each college to which you have applied:

College	Tuition	Room and Board	OR	Commuting Expenses
_____	_____	_____		_____
_____	_____	_____		_____
_____	_____	_____		_____

B. List resources available to you for financing:

Parents' Contribution	\$ _____
Personal Savings	\$ _____
Estimated Summer Earnings	\$ _____
Other ( <i>please specify</i> )	\$ _____
Total Available Resources	\$ _____

C. Do you plan to work part time while attending college? \_\_\_\_\_

#### V. References

A. Official transcript from your school.

B. Recommendations from your high school counselor.

C. Are you the child or grandchild of a member of the Delaware State Federation of Women's Clubs?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, give name of member and name of her club.

\_\_\_\_\_

*A through C **must** be complete and enclosed with the application. If incomplete, the application will not be considered.*

## Parents' Report

Applicant's Name \_\_\_\_\_

Father's (Legal Guardian's) Name \_\_\_\_\_

Address \_\_\_\_\_

Education (High School Diploma, College Degree) \_\_\_\_\_

Name and Address of Employer \_\_\_\_\_

Position Held \_\_\_\_\_ Number of Years with Present Employer

Mother's Name (Legal Guardian) \_\_\_\_\_

Address \_\_\_\_\_

Education (High School Diploma, College Degree) \_\_\_\_\_

Name and Address of Employer \_\_\_\_\_

Position Held \_\_\_\_\_ Number of Years with Present Employer)

Gross Family Income for Past Year (Please include income of *all* members)

\$ \_\_\_\_\_

### VI. Family Information

- A. Please submit the following information for students in your family, including applicant, for the current year.

Name	Age Grade/ Class	School/ College	Total Paid by family to school	Financial Aid
_____				
_____				
_____				

B. Other than for this applicant, what other educational expenses will your family have for post high school education next year?

C. How much will you contribute toward the applicant's college expenses next year? \_\_\_\_\_

D. Comments \_\_\_\_\_

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\_\_\_\_\_  
Signature of Father or Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Mother or Guardian

\_\_\_\_\_  
Date

Please complete all sections of this application. This form and required references must be received no later than **April 1, 2018**. Allow ample mailing time. This is a \$1000 Scholarship Award.

Mail to:

Mrs. Emma Miller  
319 Munson Drive  
Rehoboth Beach, DE 19971

Phone number: 302-893-0888  
[emmelou25@msn.com](mailto:emmelou25@msn.com)

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