

Woman's Club of Winter Park
Scholarship Committee
P.O. Box 1433
Winter Park, FL 32790-1433

APPLICATION FOR SCHOLARSHIP GRANT

Received/Postmarked by Wednesday, March 1, 2017, in order to be considered

Please PRINT clearly

Name _____

Home Address _____

Mailing Address _____

Home Phone Number _____

Cell Phone Number _____

Email Address _____

Date of Birth _____

Parents or Guardian _____

Address, if different from the above _____

Are you a United States citizen? _____ Are you of Native- American heritage? _____

By applying for this scholarship, I give The Woman's Club of Winter Park, Inc. permission to publish my name and/or utilize my photograph.

If you are a high school senior, complete Section A. If you are already in college, complete Section B.
All candidates must complete Section C and D.

Section A

High school name and address _____

District GPA _____ Florida GPA _____ Score on SAT, if taken _____ Score on ACT, if taken _____

Classes taken for High School Credit: Number of AP Classes _____ Number of IB Classes _____

Number of Dual Enrollment Classes _____ Number of Honor Classes _____

What college do you plan to attend? _____

Have you been accepted? _____ Have you chosen a major? _____ If so, indicate _____

Section B

College/University _____

Major _____ Circle current class Fr Soph Jr Sr

GPA _____ When do you expect to graduate? _____

Do you plan to transfer to another college? _____ If yes, where and when? _____

Section C

Are you dependent, (claimed on parents' income tax), or independent? _____

Circle your gross family income or your own income, if you are independent. * Attach W-2 or FAFSA

Under \$25,000 \$25,000 to \$40,000 \$40,000 to \$65,000 over \$65,000

How many people are supported by the above income? _____

Who contributes money for your education? (parents, self, spouse, other) Please list: _____

List any scholarships, grants, and loans you are receiving or for which you have applied.

Are you employed? _____ If yes, where? _____ How many hours do you work weekly? _____

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Section D

You must complete Section D using this form only (or a copy, if you need more space).
Your resume is not a substitute for this form.

List total hours of Community Service _____

List School- Related Extra-Curricular Activities such as Clubs/Organizations (Grades 9-12)

Activity	Number of Years Participated	Any Award, Honors or Leadership in Activity

List Sports Participation (Grades 9-12):

Sport	Number of Years Participated	Any Award, Honors or Leadership in Activity

List Music/Theatre/Drama/Dance Participation (Grades 9-12):

Activity	Number of Years Participated	Any Award, Honors or Leadership in Activity

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I affirm that all the statements on this application are true.

Applicant's Signature

Date

Attach:

- Copy of parent(s) W-2 Form(s) or FAFSA if applicable
- Two letters of recommendation
- Personal letter outlining your school experiences and goals
- Information of any special circumstances you feel are relevant
- A recent photo of yourself

Transcript:

- Official transcript must be received by deadline date

Your application and all required materials must be addressed to the address on the front of this application and **received/postmarked by Wednesday, March 1, 2017.**

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