

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

**APPLICATION FOR SCHOLARSHIP GRANT**

**Received/Postmarked by Thursday, March 1, 2018, 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 a female 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.

**Candidates must complete ALL sections.**

**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**

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 C**

**You must complete Section C 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 Community and/or 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 Community and/or School-Related Sports Participation (Grades 9-12):

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

List Community and/or School-Related 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.

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Applicant's Signature

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Date

**Attach:**

- Copy of parent(s) W-2 Form(s) and/or FAFSA
- 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 Thursday, March 1, 2018.

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