



Thank you for submitting your application for a scholarship grant from The Woman's Club of Winter Park.

Our club was formed in 1915 by civic minded women who felt that education was extremely important and that hard working and deserving students should be helped to succeed.

We receive many applications from students each year and it is very important that you fill out all four pages as completely as possible. Please request a transcript from your high school as early as possible as school offices get very busy. We require two letters of recommendation and it is important that you allow enough time for those as well. Because financial need is weighed in our selection process, we must receive either the final page of your FAFSA or W-2 forms from your parents or guardians.

Everything must be postmarked no later than March 1, 2024.

Checklist: *Please use this checklist to ensure that you have included everything necessary. Incomplete applications will not be accepted.*

_____ **Completed Application.**

_____ **100-word essay:** Who influenced your interest in a particular field and who has encouraged your pursuit of this career?

_____ **Two letters of recommendation:** One written by a person from your academic life and one written from non-academia. Please address letters to:

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

_____ **Official transcript** must be received by **March 1, 2024** and mailed directly from your High School with your most recent semester's grades.

_____ **Proof of Income:** a copy of your Free Application for Federal Student Aid (FAFSA) application with all income clearly indicated **OR** a copy of your parent(s) and your W-2 forms showing all family income for the year 2022.

Thank you for your interest. We look forward to hearing from you. Questions may be directed to:
suenitt12@aol.com OR pmmuns@aol.com.

All documentation must be postmarked By March 1, 2024. No exceptions will be made.

If you are selected as a finalist, a three-minute video will be required to be emailed to the committee. You will be notified if a video is required along with questions to be answered on the video.

APPLICATION FOR SCHOLARSHIP GRANT

Applicants must be a U.S. citizen and must reside in Orange or Seminole County.

Please print clearly. Illegible applications will not be considered.

DEADLINE FOR CONSIDERATION: APPLICATION WITH ALL **REQUIRED DOCUMENTS
MUST BE POSTMARKED BY: Friday, March 1, 2024. NO applications will be accepted or
considered after this date. Please complete all sections of the application.
List activities, community service or any awards just once.**

Student Name: _____

Home Address: _____
_____ City _____ St. _____ Zip _____

Mailing Address, if different: _____

Student Cell Phone: _____

Student Email Address: _____

Student date of birth: _____

Names of Parent(s) or Guardian(s) _____

Address of Parent(s)/Guardian(s) if different from Student:

_____ City _____ State _____ Zip _____

I **am** a citizen of the United States of America. _____ (please initial)

College you want to attend if you have decided: _____

If you have chosen a major, what is it? _____

SECTION A (PLEASE PRINT)

Name of current High School: _____

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

CLASSES taken for High School Credit: Number of Dual Enrollment Classes: _____

Number of AP Classes: _____ Number of Honors Classes: _____ Number of IB Classes: _____

SECTION B (PLEASE PRINT)

Are you a dependent (claimed on parent(s) income taxes) or are you financially independent? _____

You must enclose a copy of your Free Application for Federal Student Aid (FAFSA) application with all income clearly indicated OR a copy of your parent(s) and your W-2 forms showing all family income for the year 2022.

- Circle your GROSS FAMILY INCOME OR YOUR OWN INCOME (IF YOU ARE INDEPENDENT).

Under \$25,000 \$25,000 to \$40,000 \$41,000 to 65,000 over \$65,000

- Give the total number of people supported by the above income including Parents/guardian, grandparents, and dependent children, etc. _____
- Please give a brief explanation of any extenuating circumstances that create undue financial stress on your ability to pay for college.

- Please list people who contribute money for your education:

- Are you employed? _____

If yes, where? _____

How many hours do you work weekly? _____

List of Scholastic or Academic Awards (Grades 9-12). List each in only one section of application:

SECTION C

Please complete section C using the form on the next page. Attach an extra page, if you need more space.

List ALL School Related Extra Curricular Activities such as CLUBS/SPORTS/ORGANIZATIONS (Grades 9 – 12)

School Related Activity	Year(s) of Participation	Awards, Honors, Leadership Position(s)

List activities unrelated to school: Clubs, Sports, Organizations, Volunteer Work (Grades 9 – 12)

Activities outside of School	Year(s) of Participation	Awards, Honors, Leadership Position(s)

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

Applicant's signature

Date

Applicant's name, printed