



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.

This application is for High School Seniors only...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 2, 2026.**

**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 2, 2026** and mailed directly from your High School with your most recent semester's grades. **NOTE:** Requesting Transcripts to receiving transcripts can take several weeks

**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 from the previous tax year.

*Thank you for your interest. We look forward to hearing from you.*

*Questions? – email [janeKoubekpmp@gmail.com](mailto:janeKoubekpmp@gmail.com) or [pmmuns@aol.com](mailto:pmmuns@aol.com)*

**All documentation must be postmarked By March 2, 2026.** 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.**

**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: Monday, March 2, 2026. NO applications will be accepted or  
considered after this date. Please complete all sections of the application and mail to:**

**The Woman's Club of Winter Park, Inc  
Attention: Scholarship Committee  
PO Box 1433  
Winter Park, Florida 32790-1433**

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 2024.**

- 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:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

