

**2016-2017 GFWC WEST VIRGINIA SCHOLARSHIP APPLICATION FORM**  
**Completed Application Form DUE APRIL 1, 2017**

*Please print or type:*

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Last First Middle  
Street City State Zip code

Telephone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ U.S. Citizen: Y N WV Resident: Y N  
# of years: \_\_\_\_\_

Name of Parents or Guardian: (if applicable) \_\_\_\_\_

Parent/Guardian Marital Status: Single Married Divorced Widowed Telephone: \_\_\_\_\_

Family Income: *Please check the category below which properly illustrates total per year:*  
Under \$10,000 \_\_\_\_\_ \$10,100 - \$25,000 \_\_\_\_\_ \$25,100 - \$50,000 \_\_\_\_\_ \$50,100 - \$75,000 \_\_\_\_\_  
\$75,100 - \$125,000 \_\_\_\_\_ \$125,000 & above \_\_\_\_\_

Number of dependent children (you count as 1): \_\_\_\_\_

Two (2) current letters of recommendation (see Rule 6a):

Personal (show relationship with student):

	Name:	Email	Telephone
Academic:	_____	_____	_____
	Name	Email	Telephone

Name of current school attending: \_\_\_\_\_

Recent transcript of grades is required and must be attached to this form: Yes No

Name of Local GFWC West Virginia Woman's Club: (if known) \_\_\_\_\_

West Virginia school you have been accepted to: \_\_\_\_\_

Major: \_\_\_\_\_ Letter of Acceptance: \_\_\_\_\_ required

List scholarships or student aid that you expect to or will receive including the Promise Scholarship.

PROMISE:	Amount:	Per Year
1. Source: _____	Amount: _____	Per: Year or one time (circle one)
2. Source: _____	Amount: _____	Per: Year or one time (circle one)
3. Source: _____	Amount: _____	Per: Year or one time (circle one)
4. Source: _____	Amount: _____	Per: Year or one time (circle one)

Have you previously received the GFWC WV Scholarship? Yes No

Please list: (if more room is needed please attach an additional sheet)

Leadership/School activities: \_\_\_\_\_

Community Service: \_\_\_\_\_

Work Experiences: \_\_\_\_\_

In your own words please describe: "Why you need (not just want) this scholarship" and "Special circumstances that apply to you" (if more space is needed please attach an additional sheet)

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

I attest that the statements and information provided in this application are true and correct, by signing below:

Applicant's Signature \_\_\_\_\_

Mail to -  
GFWC WV Central District  
Karen McClung PO Box 74,  
Mt. Nebo, WV 26679

- All information contained in your application will remain private with the Scholarship Fund Board.
- Detach Application Form, completely fill it out, attach all required documents, and mail to the District Representative in the district where you live.
- If your District Representative is unknown, please call Beth Parsons, Chairman at 304.822.5033 or email to: [bethwv2@gmail.com](mailto:bethwv2@gmail.com).
- PLEASE RETAIN THE RULES PAGE (top sheet) for your information.
- ALL SCHOLARSHIP APPLICATIONS MUST BE RECEIVED by the correct district representative and **POSTMARKED BY APRIL 1, 2017**. Incomplete applications or applications **OR RECEIVED AFTER THE DUE DATE WILL NOT BE CONSIDERED.**