



# GFWC Florida Federation of Women's Clubs

## Scholarship Program for Women Returning to Work

A \$1,000 Scholarship

**Deadline for Receipt of Complete Application: MARCH 1, 2018**

- Requirements: 1. Recipient must be a Florida Resident and attend an accredited Florida Public College, University, or Technical School as a full time student.  
2. Application, Personal Statement and TWO (2) References (Forms on line) must be submitted on line to: [AUBIN5@aol.com](mailto:AUBIN5@aol.com)

### Applicant's Information

Name

Birth date

Driver's License#

Student ID

Florida Resident

Yes

No

How did you learn about the scholarship

Home Address

City, State, Zip

Mailing Address

City, State, Zip

Home Phone

Cell Phone

E-mail

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Are you a citizen or permanent resident of the United States of America

Yes

No

If a permanent legal resident provide **A #**

If not give status of residency, type visa, and number

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**Employment:**

Are you currently working?                      Yes                      No

If **NO**, Why not?

If **Yes**, Name of Employer

Address of Employer

Phone number of Employer

Number of years employed with  
this company

Job Title

Hours per Week

Salary

Is salary: (check)

Gross  
Hourly  
Weekly  
Annual

Previous Employment or  
Volunteer Work

Type of Employment

How long  
were you  
employed

Describe job held

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**Educational History**

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**High School** Attended

City, State

Dates Attended (Start - End)

Courses Taken/Degree Earned

Date of Graduation

GPA

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**College** Attended

City, State

Dates Attended (Start - End)

Courses Taken/Degree Earned

Date of Graduation

GPA

Other Schools/Training  
Programs (Name & Location)

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**Educational Goals**

Name of School

Program/Major

Start Date

Expected  
Graduation Date

Degree

Associate  
Bachelor  
Master  
Certificate

Have you applied to a school/  
program?

Yes      No

If **Yes**, Name and Location of  
School Applied to: Must be a  
FLORIDA Public Institution

If **No**, why not?

If **YES**, have you been  
accepted?

Yes      No

Student Number

If **NO**, Date of expected acceptance

I plan to begin school in the: Summer 2016  
Fall 2016  
Winter 2017

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**What Courses are you planning to take during the 2016-2017 school year**

Course # Course Name  
# of Credit Hours Start Date  End Date

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Course # Course Name  
# of Credit Hours Start Date  End Date

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Course # Course Name  
# of Credit Hours Start Date  End Date

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**Narrative**

We would like to get to know you better and know your plans. **Provide us with a statement that clearly describes your needs for the scholarship and address the following questions.** The narrative should be no less than two pages and no more than five pages and font size no smaller than 12. Font should be Arial, Calibri, or Times New Roman. **Include your name, email and phone number on each page. The narrative is very important to the evaluation and selection process.**

1. Describe your long term goals. Where do you see yourself in 5 years.
2. How will your educational goals enable you to get a job that will allow you to support yourself and or family.
3. What job career is of interest to you and why?
4. What are the job opportunities for you in this field.
5. What will receiving this scholarship mean to you.

**The narrative is very important to the evaluation and selection process.**

**PLEASE RESPOND TO ALL 5 Questions Above. All questions on the application must be answered.**

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**I understand that:**

1. GFWC Florida Federation reserves the right, at its discretion, to cancel or reduce any award without liability.
- 2, I hereby make application for scholarship aid, subject to the terms of this program, and certify that the information in this application is correct.

Signature of Applicant

Date:

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SUBMIT YOUR APPLICATION on line ONLY to: [AUBIN5@aol.com](mailto:AUBIN5@aol.com)  
(Mailed Applications will not be accepted)

Transcripts and a letter of acceptance from the school that you will attend may be mailed to:  
Candi Aubin  
GFWC Florida Scholarship Chairman  
2002 Bradford Ct Unit A  
Tallahassee, FL 32303

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**References**

Two Reference Forms are required and must be submitted on line using the Reference Form for "Women Returning to Work" as well as a written statement in support of the applicant. Be sure that each reference understands that the form must be completed on line. You might consider asking for references from teachers, employers, a counselor that you have worked with or a director of a group you have volunteered for. Ask someone who knows you (but not a family member) and can comment on your abilities, desire and determination to complete your education and career goals.

**Reference forms must be e-mailed by the person completing the form.**