



# GFWC Florida Federation of Women's Club Scholarship Program for Women Returning to Work Reference Form

The applicant named below is applying to the GFWC Florida Federation of Women's Clubs Scholarship Program for financial assistance to attend an educational or training program. The award is intended for women who need educational training to obtain employment. The Scholarship Committee would appreciate your answering the questions below and also providing a brief statement on behalf of this applicant. Please be specific and candid. Your reference must be received by **March 1, 2025**. Be sure to sign your recommendation. Thank you for your willingness to support this applicant and our scholarship program. Please use an additional page to answer statements below.

**NOTE: This reference form will only be accepted if it is emailed by the person completing this form. References received by anyone else will be disqualified.**

*You may e-mail your recommendation to :*

Margaret Brugman  
GFWC Florida Scholarship Chairman  
Scholarships@gfwcflorida.org

Applicant's Name

Home Address

City, State, Zip

How long have you know the applicant?

In what capacity have you know her?

Please rate the applicant in the following areas, based upon your knowledge of her achievements and strengths.

	Mostly Disagree	Somewhat Agree	Mostly Agree	Strongly Agree	Don't know
Is Motivated					
Demonstrates Responsibility					
Has clear Educational and Career Goals					
Demonstrates Strength in Character					
Would serve as a Role Model					

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Please include your **statement/thoughts** about the following including any specific examples:

1. Describe the applicant's particular strengths in her personal, educational, or professional life.
2. Describe your Knowledge of her educational and/or career goals and progress towards those goals.  
(Consider any barriers or difficulties that she has overcome.)
3. Please include any additional information that you feel we should know about this applicant in regard to this award.

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Name of Reference

Your Address

City, State, Zip

Contact Phone xxx-xxx-xxxx

E-mail

Relationship to Applicant

Signature

Please accept our thanks for your support of financial assistance to obtain necessary education for returning to work.