



GFWC Florida Scholarship Program for Women Returning to Work

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GFWC FLORIDA



SCHOLARSHIP FOR WOMEN RETURNING TO WORK APPLICATION

An investment in knowledge pays the best dividends. --Benjamin Franklin

The GFWC Florida Federation of Women's Clubs (GFWC Florida) has a long history of supporting education. During her 2012-2014 administration, GFWC Florida President Pat Zazzarino established a scholarship program, with two goals: to raise funds for scholarships, and to award them to women needing assistance for education to achieve their goals of becoming self-sufficient through gainful employment.

GFWC Florida will award scholarships to women returning for education to attain these stated goals. The application and reference forms are available on our website: gfwcflorida.org.

For more information or any specific questions, you may contact

Margaret Brugman
GFWC Florida Scholarship Chairman
Scholarships@gfwcflorida.org

Deadline for Receipt of Completed Application: March 1, 2024

Requirements:

1. Recipient must be a Florida resident, attend an accredited Florida public college, university or technical school, and enrolled in a minimum of six (6) credit hours per semester. Extra consideration will be given to applicants with special needs.
2. Submit completed application and personal statement to scholarships@gfwcflorida.org prior to the March 1, 2024 deadline. Include official letter of acceptance, courses for Fall 2024-Spring 2025, and if you have courses in progress, an official transcript for those courses.
3. Ensure that two professional references are submitted prior to the March 1, 2024 deadline. The applicant will be disqualified if references are not sent directly to the Scholarship Chairman by the person completing the reference form.
4. The scholarship award is for courses that have not yet begun, and cannot be used for courses already completed.

NOTE: Recipients will be notified by email by **April 1, 2024**. Recipients will receive an award certificate, award letter, and school verification form. The scholarship award will be sent to your school as soon as the school verification form is completed and authorized by the school's financial aid or scholarship department.



GFWC FLORIDA SCHOLARSHIP APPLICANT INFORMATION

PERSONAL INFORMATION

Name

First Name

Last Name

Date of Birth

Home
Address

Street Name

City, State

Postal Code

Florida Resident

Mailing
Address

Street Name

Yes

No

City, State

Postal Code

Phone

Home Phone

Mobile Phone

Drivers
License #

Student
ID #

Email

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

Yes

No

If a permanent resident, provide
your visa/green card/A

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

How did you hear about the
scholarship?

EMPLOYMENT

Are you currently working?

☐

Yes

☐

No

If no, why not?

If yes, name of employer

Address of
Employer

Street Name, City, State, Postal Code

Phone # of
Employer

of years employed
with this company

Job Title

Hours per week

Previous Employment
or Volunteer Work

Describe Job
Held

How long were
you employed?

EDUCATIONAL HISTORY

High School Attended

Name, City, State

Dates Attended
(start, end)

Graduation
Date

College Attended			
	Name, City, State		
Dates Attended (start, end)		Graduation Date	
Courses Taken			
Degree Earned		GPA	
Other Schools or Training Programs			
	Name, City, State		

Attach another sheet if you attended more than one college or training program.

EDUCATIONAL GOALS

Name of School				
Program/ Major				
Start Date		Expected Graduation Date		
Degree				
	Associates	Bachelor	Master	Certificate
Have you applied to a school/program?				
	Yes	No		
If yes, have you been accepted?				
	Yes	No	Student Number	
If yes, name and location of school applied to (must be a Florida public institution)				

If no, why not?

Name, City, State

If no, date of
expected acceptance

**REQUIRED: I
plan to begin
school in the**

Fall 2024

Winter 2024

Spring 2025

Other Requirements:

1. The applicant must verify their acceptance at the Florida Public Institution with a Letter of Acceptance.
2. Please provide an official transcript of course work in progress.
3. The application must list their courses for the fall and winter 2024 or spring 2025.
4. Incomplete information will disqualify any applicant.

Required: Courses you are planning to take during the 2024-2025 school year?

Course #	<input type="text"/>	Course Name	<input type="text"/>
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Start Date	<input type="text"/>	End Date	<input type="text"/>	# of credit hours	<input type="text"/>
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Course #	<input type="text"/>	Course Name	<input type="text"/>
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Start Date	<input type="text"/>	End Date	<input type="text"/>	# of credit hours	<input type="text"/>
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Course #	<input type="text"/>	Course Name	<input type="text"/>
-----------------	----------------------	--------------------	----------------------

Start Date	<input type="text"/>	End Date	<input type="text"/>	# of credit hours	<input type="text"/>
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Attach another sheet if you need additional space to list your courses.

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, with font size no smaller than 12. The 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 five years?
2. How will your educational goals enable you to get a job that will allow you to support yourself and/or your family?
3. What job career is of interest to you, and why?
4. What are the job opportunities for you in this field?
5. Explain what receiving this scholarship will mean to you?
6. Do you have any special needs?

The narrative is very important to the evaluation and selection process. PLEASE RESPOND TO ALL SIX QUESTIONS ABOVE and email the document along with your application. All questions on the application must be answered.

I understand that:

1. GFWC Florida 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

**SEND YOUR APPLICATION BY EMAIL ONLY TO
SCHOLARSHIPS@GFWCFLORIDA.ORG**

Transcripts and a letter of acceptance from the school that you will attend may be mailed to:

Margaret Brugman
GFWC Florida Scholarship Chairman
Post Office Box 372282
Satellite Beach, FL 32937

Professional References:

Two professional references are required and must be submitted by email 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 and sent by email. You might consider asking for references from teachers, employers, or counselors you have worked with, or a director of a group in which you volunteered. Ask someone who knows you (but not a family member), and who can comment on your abilities, desire, and determination to complete your education and career goals.

Reference forms must be emailed by the person completing the form. If not, the applicant will be disqualified.

Completed reference forms should be emailed to
scholarships@gfwcflorida.org.