



FOR THE APPLICANT

1. GFWC/CT Memorial Scholarships are available to Connecticut women pursuing advanced courses of study at institutions of higher learning. The Memorial Scholarships include the Dorothy E. Schoelzel Scholarship and the Phipps Scholarships. All awards are granted on the basis of future promise, scholastic ability and financial need.
2. All applicants must be sponsored by a GFWC/CT Club and each club may sponsor only one applicant per year. Scholarships are not granted for current or past year's expenses. At this time, the maximum award is \$2,000 for the Schoelzel Scholarship and \$1,000 per Phipps's Scholarship.
3. At the time of filing this application, candidates to be considered for the Schoelzel Scholarship must have completed THREE or more years of undergraduate work in accredited institutions of higher learning with a 3.0 average or better. They must be matriculating for a Bachelor's or post graduate degree in the field of Education. OR at the time of filing this application, candidates to be considered for the Phipps Scholarships must have completed TWO or more years of undergraduate work in an accredited institution of higher learning with a 3.0 average or better, and be matriculating for a Bachelor's or post graduate degree.
4. Answer questions fully using additional paper if necessary. You may include a photograph or any further information you wish. Enclose a stamped, self- addressed envelope if you wish the items returned.
5. Completed applications, including general and personal information, financial statement, instructor/employer references, official transcript of at least the most recent two years of undergraduate or graduate work must be received by the GFWC/CT sponsoring club's Scholarship Chair by **FEBRUARY 10th**.

SEND TO:

Sponsoring Club's Scholarship Chairman: *ELINOR (ELLIE) HOFFMAN*

Address: *PO BOX 903, SIMSBURY, CT 06070*

Phone: *PLEASE DIRECT ANY INQUIRIES TO ELLIE BY EMAIL*

Email: *SWCSCHOLARSHIPS2000@GMAIL.COM*

Sponsoring club name: *SIMSBURY WOMAN'S CLUB*



Scholarships Awarded for Tuition Purposes Only
APPLICANTS MUST BE U.S. CITIZENS AND RESIDENTS OF CONNECTICUT

Completed applications must be received by your sponsoring club's Scholarship Chairman by February 10th.

Please accurately complete the entire application. ALL questions must be responded to in full in order to qualify. Only completed application packets received by the above deadline will be considered. Typed answers are preferred and appreciated.

1. GENERAL INFORMATION

Name: _____

Home address: _____

City: _____ State: _____ Zip Code: _____

Phone (home): _____ Phone(school/work) _____

Email: _____

How long have you lived at this address? _____

Date of Birth: _____ Place of Birth: _____

U.S. citizen? ___yes___no Marital Status: ___Single___ Married___ Divorced___ Widowed

Name and address of your primary source of income/support (if other than self)

Father: _____

Mother: _____

Guardian: _____

Husband: _____

Total number of family members: _____

List Dependents (names and ages) _____

2. EDUCATIONAL INFORMATION:

Name and address of college/university you currently *attend* or *will be attending*.(please circle one)

OR

Name and address of school last

attended: _____



I WISH TO BE CONSIDERED FOR (Check the one you qualify for below)

___ **PHIPPS:** Name and address of college/university at which you have completed two or more years of undergraduate work: _____

___ **SCHOELZEL:** Name and address of college/university at which you have completed three or more years of undergraduate work and are pursuing a degree in the field of education.

Dates of Attendance: _____
Major/Field of Study: _____

Degree Sought: _____
Anticipated Date of Graduation: _____
Cumulative Average of Scholastic Record: _____
Class Rank: _____

Are you pursuing a post-graduate degree? _____ yes _____ no.
If yes, state name and address of undergraduate college/university:

Dates of Attendance: _____ Major: _____
Degree Received? _____ yes _____ no If yes, date degree received: _____

3. SCHOLASTIC/COMMUNITY/EXTRACURRICULAR ACTIVITIES:

Campus Activities (state name of activity, position held if any, and dates of activity)

Scholastic Honors/Awards (include dates) received: _____

Community/Volunteer Work (describe nature of activity and dates of involvement):



4. EMPLOYMENT HISTORY:

Occupation: _____

Annual Income: _____

Name and address of current employer: _____

Dates of employment at current position: _____

List employment history for past two years (include name and address of employer, dates of employ, position held, salary):

5. FINANCIAL INFORMATION:

Expenses for upcoming year:

Total Cost: _____

Tuition: _____

Room and Board: _____

Fees and Books: _____

Other (specify): _____

Sources of funds for education for upcoming academic year:

Total amounts to be applied towards education this year: _____

Parents: _____

If married, is husband contributing to your education? ___yes___no

If yes, amount of contribution: _____

Financial Aid (include dates(s) received: _____

Scholarship(s) (include name and address of source and dates(s) received: _____

Personal Earnings (include probable earnings to the beginning of the school year): _____

How much do you estimate you will need in the form of a loan/scholarship for the upcoming academic year? _____

Have you ever applied for or been granted a GFWC/CT scholarship in the past? _____

If granted, please list the amount and date: _____



6. ESSAY:

Please answer the following question. Limit your response to no more than one page and attach to application.

What are your plans for using your education after your graduate and why is furthering your education important to you? Include a statement as to what qualities you possess which make you an outstanding candidate and a statement regarding financial factors we should consider.

COMPLETED APPLICATIONS MUST INCLUDE THE FOLLOWING:

1. Transcript from college/university you currently attend, endorsed by the Dean or other executive officer of the college (an A or B average is required). If a post graduate degree is sought, also include an official transcript from your undergraduate college/university.
2. TWO professional instructor/employer recommendations. (forms are attached and should be returned directly by the person completing them to the sponsoring clubs' Scholarship Chairman.
3. Financial statement from father/guardian/spouse/self (see attached form). Applications will not be considered unless full financial disclosure is made.

I certify that the information I have provided in support of my application is true and complete. If the scholarship is granted, I agree to only use it for its intended purpose. I am presently a college Junior/Senior (circle one) at:

Signed: _____ **Date:** _____

Sponsoring GFWC/CT Club Name: *SIMSBURY WOMAN'S CLUB*
 Sponsoring Club Scholarship Chairman: *ELINOR (ELLIE) HOFFMAN*
 Address: *PO BOX 903, SIMSBURY, CT 06070*
 Phone: *PLEASE CONTACT BY EMAIL*
 Email: *SWCSCHOLARSHIPS2000@GMAIL.COM*
 Sponsoring Club President: *JANE WHELCHER*



FINANCIAL STATEMENT

If the applicant is claimed as a dependent for income tax purposes, this form should be filled out by the person providing more than half the applicant's support. If the applicant is not a dependent, this form should be filled out by the applicant herself. If the applicant is married, husband's income must be included on this form.

Name: _____

Applicant's Name: _____

Relationship to Applicant: ___parent___guardian___spouse___self

Address: _____

City: _____ State: _____ Zip Code: _____

Number of years at current address: _____

Occupation: _____

Salary: \$ _____

Income of additional members of household: (specify names and amount):

Total Family Income: \$ _____

Adjusted gross income from line 34 of last year's IRS Form 1040: \$ _____

List all dependents (include name, age, and school attending):

I affirm that the answers to the foregoing questions are true, correct, and complete.

Signed: _____ **Date:** _____



INSTRUCTOR'S/EMPLOYER'S REFERENCE

Name of Applicant: _____

(Employer's reference will be accepted if applicant has been out of school for more than five years or is unable to obtain instructor's reference.)

PLEASE MAIL COMPLETED FORM SO THAT IT IS RECEIVED NO LATER THAN FEBRUARY 10TH TO:

GFWC/CT Sponsoring Club Scholarship Chairman

Name of Chairman: *ELINOR (ELLIE) HOFFMAN*

Address: *PO BOX 903, SIMSBURY, CT 06070*

GFWC/CT Sponsoring Club: *SIMSBURY WOMAN'S CLUB*

ALL INFORMATION WILL BE HELD IN CONFIDENCE BY THIS COMMITTEE

How long have you known the applicant? _____

In what capacity have you known her? _____

Why do you feel this applicant should be selected for this scholarship? Comment on what qualities (including her personality and character) she possesses which support your position:

State any other pertinent facts which you feel would be of interest or help to the Memorial Scholarship Committee:

Signed: _____

Print _____ Name: _____

Address: _____

Phone: _____ Email: _____

Position Held: _____

Name and address of employer: _____