

ARTS AND NURSING SCHOLARSHIP APPLICATION

YEAR _____

GFWC Michigan

Name	Date of Birth
Address	Social Security Number
City	State, Zip
Telephone	Email
High School	Year Graduated
City	State & Zip
Name of Parent or Guardian	Telephone
Address	City, State Zip
Indicate Arts or Nursing	
College/University Applied to	Starting Date
Recommended by GFWC Club Name GFWC-Charlotte	GFWC District Southwestern

Please include the following with this application.

- Statement explaining your reason for applying and your reason for entering this field.
- Grade transcript
- Work and Volunteer experiences
- Other Education Training
- List of all scholarship and grants for which you have applied
- Names and addresses of educational institutions to which you have applied
- Three letters of reference, including one from sponsoring club president and two from individuals in a related field (include name, addresses and phone numbers)

Signature of Applicant: _____

Signature of sponsoring GFWC Club President: _____

- The Club President will include her letter of recommendation in the application packet
- Scholarship applications must be postmarked no later than January 15th

Mail to: GFWC-Charlotte
 Arts & Nursing Scholarship
 PO Box 464
 Charlotte, MI 48813