

GFWC MI EDUCATION FOUNDATION SCHOLARSHIP APPLICATION

COMPLETE THE TWO-PAGE FILLABLE FORM BELOW:

NAME _____ DATE _____

ADDRESS _____

PHONE(S) _____ CITY, STATE, ZIP _____
EMAIL _____

GFWC CLUB _____ DISTRICT _____

TYPE OF EDUCATIONAL ACTIVITY _____ AMOUNT REQUESTED \$ _____

BY SUBMITTING THIS APPLICATION, YOU AFFIRM THE FOLLOWING:

1. My club president will affirm I have been an active member in good standing for a minimum of one year.
2. The check should be made payable to _____
3. I understand that, if approved, the check will be mailed to me and I am responsible for delivery to the organization providing the class/program.
4. I give permission to use my name in materials promoting the Education Foundation.
5. Notification of my scholarship may be sent to my local newspaper at: _____
_____ Paper's email, if available _____

Applicant signature _____ Club President signature _____

Applicant and Club president: When emailing, the sending from the applicant to the Club President, then the president forwarding to Linda indicates electronic signatures. Also, type the Club President's

Name _____ Phone _____ and email _____.

Below, type in the boxes:

1. A list of your major GFWC and community services and leadership roles:

2. Include a short narrative stating the purpose of your continuing education goals, personal outlook and how the educational activity will impact you, your club and your community:

3. Give a brief description of the program for which the funds will be expended and/or a receipt for the cost of the program:

Please note that we do not reimburse for meals. To apply for Supplemental Travel Grant, to help with lodging, and/or transportation, fill out page 3 of this application form.

Save this as a Document to your computer and then email it as an attachment to:

ed@fosterdvm.com **WE ONLY ACCEPT APPLICATIONS VIA EMAIL!**

Questions? Call Linda Foster, Scholarship Chair at 517-543-3041.

*All applications must be received prior to or within 60 days of completion of the program, no later than June 30 (the end of our fiscal year).

*Applicants are eligible to receive more than one scholarship, but not within the same fiscal year.

*Applicants will be notified:

1. when the application is received. (Allow 1 week, then contact us if not received.)

2. when the application has been processed and approved or rejected. (Allow 2-4 weeks)

*Applicants should send chair (above) a thank you within 14 days of completing activity.

Guidelines:

1. The educational program requires one to incur travel expenses for events **more than 60 miles** from applicant's home. Help with transportation and lodging will be authorized by the Scholarship Committee on an individual basis, taking into consideration the balance of available funds and the applicant's reasons for applying.
2. The maximum allotment would be \$100/day.
3. Receipts are required.
4. Meals are not covered.

Mode of transportation:

Car _____

Bus _____

Train _____

Plane _____

Cost _____

Lodging, if applicable:

Name of provider (e.g., Comfort Inn) _____

Cost per night _____

Number of nights _____

Reasons why you are applying for this Supplemental Travel Grant: