

**GFWC LAKESHORE WOMAN’S CLUB**

**2019- 2020 Financial Assistance Application**

**For**

**Female Senior High School Students**

**Please print legibly or type information using size 12 font. Both the application and narrative essay, plus two (2) reference recommendations must be completely filled out as required, and posted to be received by March 30, 2019 to the address below.**

**Financial Assistance Chairman**

**GFWC Lakeshore Woman's Club**

**2352 Lakeshore Blvd, Jacksonville, FL 32210**

Legal Name Last Name First Name Middle Name

Birth Date:

Telephone: Home: ( ) Cell: ( ) \_\_\_\_\_\_

E-mail Address: \_\_\_\_\_\_

Home Address:

Apartment #

City County State Zip Code

Name of High School\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dates Attended Graduation Date GPA

College/Technical School to which you are applying: \_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City State Zip Code

Date you plan on entering school: Will you be a full-time student?



**Narrative Instructions**:

Complete and attach a Narrative Essay, of no more than 2 pages, addressing **each** of the following items below in a paragraph format. It should be double spaced with your name on the top of each sheet.

1. Explain how the assistance you may receive will help further your education or vocational choices.
2. Describe how a person or situation has made a positive impact on your life’s direction.
3. How has a personal or local concern prompted you to become more involved in your community?

The Applicant understands that:

1. GFWC Lakeshore Woman’s Club reserves the right to cancel the 2019-2020

Financial Assistance Program at any time. This assistance is designated as a benefit for one time.

2. I hereby make application for financial assistance subject to the terms of this program. All

the stated required submissions are correct and can be verified.

Signature of Applicant Month/Day/Year

**CHECK OFF AND INCLUDE THESE REQUIRED ITEMS:**

\_\_\_\_\_ THE GFWC LAKESHORE WOMAN’S CLUB APPLICATION

\_\_\_\_\_ ONE PERSONAL NARRATIVE ESSAY ADDRESSING THE THREE SPECIFIED ITEMS

\_\_\_\_\_\_A CUMULATIVE HIGH SCHOOL TRANSCRIPT AND TRANSCRIPTS OF ANY COMPLETED

COLLEGE COURSES RECEIVED FROM COUNSELOR

\_\_\_\_\_**TWO** **RECOMMENDATIONS** BY **TWO REFERENCES** SHOULD BE MAILED DIRECTLY TO

THE GFWC LAKESHORE WOMAN’S CLUB ADDRESS PROVIDED ON THE APPLICATION

**APPLICANT: Provide the 2 enclosed reference forms** to a Counselor, Teacher, or Employer. These are the people who know you best, and will be able to give appropriate recommendations on your abilities, desires and determination to complete your educational or vocational goals.

**GFWC LAKESHORE WOMAN’S CLUB**

**2019-2020 Financial Assistance Application**

**FOR**

**Female Senior High School Students**

**Reference Form**

**Page 1**

**To the Reference:**

**The Financial Assistance Committee appreciates you for providing a recommendation for this student. Comment on her abilities, desires and determination to complete her educational or vocational goals. Please be candid and specific on your observations. Your recommendation must be attached to this reference form to be received by March 30, 2019. Please mail your recommendation to address below.**

**Financial Assistance Chairman**

**GFWC Lakeshore Woman's Club**

**2352 Lakeshore Blvd, Jacksonville, FL 32210**

Applicant’s Name:

Last First Middle

Home Address:

City State Zip Code

Reference Name (Print) Last First Title

Phone Number E-Mail Address

Relationship to Applicant

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Reference Date

Please accept our thanks for your support of this applicant and our scholarship program. It is totally provided for by fundraising activities in the community for applicants who need financial assistance to obtain further education or training to reach their goals.

**GFWC LAKESHORE WOMAN’S CLUB**

**2019-2020 Financial Assistance Application**

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**Reference Form**

**Page 2**

**To the Reference**:

The applicant named below is applying to the GFWC Lakeshore Woman’s Club Financial Assistance Program. Please check statements below as they apply to the applicant. All reference forms must be completed and posted to be received by **March 30, 2019**. We appreciate your time and willingness to support this applicant and the GFWC Lakeshore Woman’s Club Financial Assistance Program.

Please mail your recommendation to address below.

**Financial Assistance Chairman**

**GFWC Lakeshore Woman's Club**

**2352 Lakeshore Blvd, Jacksonville, FL 32210**

Applicant’s Name:

How long have you known the applicant?

In what capacity have you known her?

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

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Strongly Mostly Somewhat Mostly Strongly Don’t  
 Disagree Disagree Agree Agree Agree Know

1. Demonstrates

Responsibility \_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_

1. Demonstrates

Strength of Character \_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_

3. Inspires Others \_\_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_

4. Serves as a Role Model \_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_

Additional Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Reference Form**

**Page 1**

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**Financial Assistance Chairman**

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Applicant’s Name:

Last First Middle

Home Address:

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Reference Name (Print) Last First Title

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1. Demonstrates

Strength of Character \_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_

3. Inspires Others \_\_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_

4. Serves as a Role Model \_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_

Additional Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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