

**GFWC LAKESHORE WOMAN’S CLUB**

**2019-2020 Financial Assistance Application**

**For**

**Female Senior High School Students**

**Please print legibly or type information (size 12 font). Both the application and narrative essay and two (2) reference recommendations must be completely filled out as required, and posted to be received by March 30, 2020 to the address below.**

**Financial Assistance Committee**

**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

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 Award Application**

 **for Female Senior High School Students**

**Reference Recommendation #1**

The applicant named below is applying for a GFWC Lakeshore Woman’s Club Financial Assistance Award of $500.00 to be used to help finance studies at college or technical school. Please **check statements below** as they apply to the applicant **and attach a letter** in which you tell how long and in what capacity you know the applicant as well as commenting on her abilities, desires and determination to complete her educational or vocational goals. **Please be candid and specific on your observations.** All reference items must be completed and posted to be received by **March 30, 2020** to the address below.

**Financial Assistance Award Committee**

**GFWC Lakeshore Woman's Club**

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

Applicant’s Name: Last First Middle

High School Attending:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reference Name (Print)

 Last First Title

Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_E-Mail Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Reference\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

.

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

We appreciate your time and willingness to support this applicant and the GFWC Lakeshore Woman’s Club Financial Assistance Award Program.

**GFWC LAKESHORE WOMAN’S CLUB**

**2019-2020 Financial Assistance Award Application**

 **for Female Senior High School Students**

**Reference Recommendation #2**

The applicant named below is applying for a GFWC Lakeshore Woman’s Club Financial Assistance Award of $500.00 to be used to help finance studies at college or technical school. Please **check statements below** as they apply to the applicant **and attach a letter** in which you tell how long and in what capacity you know the applicant as well as commenting on her abilities, desires and determination to complete her educational or vocational goals. **Please be candid and specific on your observations.** All reference items must be completed and posted to be received by **March 30, 2020** to the address below.

**Financial Assistance Award Committee**

**GFWC Lakeshore Woman's Club**

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

Applicant’s Name: Last First Middle

High School Attending:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reference Name (Print)

 Last First Title

Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_E-Mail Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Reference\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

.

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

We appreciate your time and willingness to support this applicant and the GFWC Lakeshore Woman’s Club Financial Assistance Award Program.