NAME of SCHOLARSHIP: GFWC WOMAN'S CLUB OF SARASOTA, INC.

ELIGIBILITY DEADLINES:

The scholarship is open to ANY HIGH SCHOOL SENIOR OR GRADUATE OF SARASOTA COUNTY SCHOOLS. Application forms will be distributed to high school guidance offices in late October. The application must be mailed to the address shown at the bottom of this page and postmarked no later than March 23, 2027. Only Recipient(s) of a scholarship will be notified by email by April 26, 2027.

The GFWC Woman's Club of Sarasota is also interested in offering scholarships to Sarasota County students enrolled in a Florida college who need financial assistance to complete their college degrees.

REQUIREMENTS FOR SCHOLARSHIP CONSIDERATION:

1) A completed application
2) A GPA of 3.5 or greater
3) High School/College transcripts – MUST BE IN A SEALED/UNOPENED ENVELOPE
4) Personal letter prepared by the student applicant – indicating any financial need
5) Letter(s) of Recommendation (two letters max)
6) Must attend a Florida college/university
7) Copy of the acceptance letter from a University/College in Florida.

SCHOOLS ELIGIBLE TO PARTICIPATE: Open to all Sarasota County High Schools and Florida Colleges

HOW AWARDED/AMOUNT: One or more $1,000 scholarships will be awarded, with "financial need" being a consideration in the selection process.

ALL APPLICATIONS MUST BE POSTMARKED NO LATER THAN MARCH 23, 2027 AND MAILED TO:

GFWC Woman's Club of Sarasota
Scholarship Committee
P.O. Box 2504
Sarasota, FLA 34230

GFWC WOMAN'S CLUB OF
SARASOTA, INC.
SCHOLARSHIP APPLICATION

PERSONAL

NAME: _____
(please print)
Last First Middle Initial

Date of Birth: _____ Telephone No.
_____

Home Address:
_____
Street City State Zip

E-Mail Address: _____

FAMILY INFORMATION

Name of Parent/Guardian _____ (please print)

E-mail Address: _____ Telephone No.
_____

Address (if different from applicant):
_____

Parent's/Guardian's Occupation

Father:_____ Mother: _____ Guardian:
_____

Number of Brothers/Sisters: _____ in College _____ at Home _____

NAME OF UNIVERSITY/COLLEGE YOU
_____
HAVE BEEN ACCEPTED:

COURSE OF STUDY PLANNED TO PURSUE:

_____

TOTAL ANTICIPATED EDUCATION EXPENSES:

_____

TOTAL CONFIRMED SCHOLARSHIP SOURCES:

_____

FINANCIAL AID AND ALL OTHER SOURCES:

_____

BALANCE OF FUNDS NEEDED:

_____

WHEN IN COLLEGE DO YOU INTEND TO WORK DURING SCHOOL YEAR: Yes No

EDUCATION

High School Attending: _____ Grade: _____GPA _

Include Transcript

School Activities:

_____

(clubs, sports, etc)

_____

_____

Offices Held:

_____

_____

Academic Honors:

_____

Volunteer Activities:

_____

Please explain in a separate letter any circumstances affecting your financial situation or any other information that would be helpful in evaluating your application, if such information has not been stated on this form.

CERTIFICATION

I ACKNOWLEDGE THAT THE INFORMATION HEREWITH SUBMITTED IS CORRECT TO THE BEST OF MY KNOWLEDGE AND THAT I WILL INFORM THE SCHOLARSHIP NOMINATING COMMITTEE OF ANY CHANGES WHICH MAY OCCUR IN THIS INFORMATION.

Applicant's Signature: _____ Date: _____

STATEMENT OF CONSENT

Please read and indicate your agreement. A parent or guardian must sign this statement for an applicant who is a minor. (Check ONLY one of the two statements)

(___) I agree to permit the GFWC Woman's Club of Sarasota, Inc. to use my name and photos in club communications and publicity purposes. Examples are Newsletters, Club website, Facebook and other postings and general publicity involving club activities.

(___) I do not agree to the above statement.

Applicant Signature _____ Date _____

Parent Signature _____ Date _____