Application for

### MARY MACON MCGUIRE SCHOLARSHIP

General Federation of Women’s Clubs of Virginia

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | | |
| Address |  | | |
| City, State, Zip | |  | |
| How long at this address: | | |  |
| Telephone Number: | | |  |
| Email Address: | | |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Virginia School Attending | | |  | |
| Address |  | | | |
| City, State, Zip | |  | | |
| Dates | | | | GPA |

Total number of persons in household (include self) \_\_\_\_\_\_\_

Ages and relationship to applicant of other persons in household \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
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Is anyone in the household other than you enrolled in college or other institute of higher learning? \_\_\_\_\_\_\_\_\_ If so, where? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant’s

Course of Study \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date expected to

Complete studies\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In the space below, describe your education and/or skills training goals. Include any courses you have already taken towards achieving your goals as well as any educational achievements or awards you have earned.

Are you currently employed? \_\_\_\_ If yes, where and how many hours per week do you work?

Since this award is based on financial need, your total income will be compared to your total annual expenses. Please be as exact as possible in answering the following questions.

Total annual income before taxes, from all sources. (Include your income from all sources, such as employment, savings, child support, alimony, Social Security benefits, school loans, scholarships, etc.) Itemize these amounts.

Please list your annual education expenses only (do not include those of other members of your household.)

Tuition/School fees\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Books\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Transportation\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Other (describe) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list your family’s total annual living expenses (such as housing, food, childcare, utilities, medical expenses, etc.)

Please attach the following:

* References from three (3) individuals – one of a general nature, two from professors, teachers, counselors, or advisors – must accompany the application.
* An essay of not more than 2,000 words outlining the need for the scholarship as well as the reasons for entering the field of study selected must be included with the application.
* A resume of educational and employment history, financial circumstances, and community activities should be included.
* All applications must be received by March 15.

All monies will be paid directly to the Virginia institution of higher learning where the recipient attends after receipt of verification that the applicant is a registered student.

Send the completed application and all supportive materials under one cover to:

# GFWC Virginia Attn: Scholarship Committee

P.O. Box 8750

Richmond, VA 23226