GFWC MARLTON WOMAN'S CLUB
P.O. Box 84 Marlton, NJ 08053
www.marltonwomansclub.com

JOANNE LOTIERZO MEMORIAL SCHOLARSHIP APPLICATION

This application MUST be sent to our P.O. Box and **postmarked by April 15, 2019**.
No applications will be considered after this date.

Name: _____ Phone #: _____
Address: _____ Referred By: _____

Are you a Cherokee or BCIT senior woman graduating in June 2019? YES _____ NO _____
Are you a student in good standing (at least C average)? YES _____ NO _____
Are you accepted to and planning to attend a post-secondary institution this fall? Where? _____ YES _____ NO _____

Tell us about yourself, and your extracurricular, civic, leadership and volunteer activities. How have these activities affected you, your family, and your community? Please be as specific as possible and use reverse side if more space is needed. This scholarship is awarded on the basis of community service and character.

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Please supply at least one non-relative reference who would know about your volunteer activities, and list the best way to contact them (phone or email):

NAME: _____ Contact info_____
How does this person know about your activities? (group leader, pastor, etc.)_____

Thank you for your application. Our Education Committee will review it and the school will be notified of our decision. The amount of the scholarship is determined annually based on the number of applicants and the amount raised through our various fundraisers. Applicants hereby authorize the Marlton Woman's Club to release their name and information in printed and electronic communications and press releases.