

ARTS AND NURSING SCHOLARSHIP APPLICATION

YEAR _____

GFWC Michigan

Name	Date of Birth
Address	Social Security Number
City	State, Zip
Telephone	Email
High School	Year Graduated
City	State & Zip
Name of Parent or Guardian	Telephone
Address	City, State Zip
Indicate Arts or Nursing	
College/University Applied to	Starting Date
Recommended by GFWC Club Name	GFWC District

Please include the following with this application.

- Statement explaining your reason for applying and your reason for entering this field.
- Grade transcript
- Work and Volunteer experiences
- Other education training
- List of all scholarship and grants for which you have applied
- Names and addresses of educational institutions to which you have applied
- Two letters of reference from individuals in a related field and a letter of affirmation from the sponsoring club president (include name, addresses and phone numbers).

Signature of Applicant: _____

Signature of sponsoring GFWC Club President: _____

Scholarship deadline to club president is January 15

Scholarship deadline to Chair is February 1

Club presidents - Email this completed form to: ed@fosterdvm.com

or

Questions: contact Linda Foster, Chairman, GFWC MI Arts/Nursing Scholarships at 517-543-3041