

**GFWC LUTZ-LAND O' LAKES WOMAN'S CLUB  
SCHOLARSHIP APPLICATION**

*PLEASE PRINT*

**DEADLINE: Monday, April 3, 2023**

*PLEASE PRINT*

Name \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone No. ( \_\_\_\_ ) \_\_\_\_\_ Cell Phone No. ( \_\_\_\_ ) \_\_\_\_\_

Date of Birth \_\_\_\_\_

Social Security No. (last 4 digits only) \_\_\_\_\_ Grade \_\_\_\_\_ GPA \_\_\_\_\_

School \_\_\_\_\_

Expected Major \_\_\_\_\_

Accredited College of Choice \_\_\_\_\_

Acceptance Letter: Yes \_\_\_\_\_ No \_\_\_\_\_

College/University Student # \_\_\_\_\_

U.S. Citizen: Yes \_\_\_\_\_ No \_\_\_\_\_ If no, explain on separate page:

List of extra-curricular activities, offices held, interests and honors \_\_\_\_\_

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

Service hours and organization(s): \_\_\_\_\_

\_\_\_\_\_

Annual Family income (Gross) \_\_\_\_\_

Are the Head(s) of Household Currently employed? Yes \_\_\_\_\_ No \_\_\_\_\_

No. of siblings living at home \_\_\_\_\_ Ages of siblings \_\_\_\_\_

Applicant Currently Employed? Yes \_\_\_\_\_ No \_\_\_\_\_

Name of employer \_\_\_\_\_

**SCHOLARSHIP APPLICATION (cont'd.)**

Position or Job Description \_\_\_\_\_

Other work history \_\_\_\_\_

Do you receive support from another person? \_\_\_\_\_ Amount \_\_\_\_\_

Scholarships/Grants Awarded \_\_\_\_\_

Scholarships Applied for \_\_\_\_\_

Explain on separate page why you believe you should be awarded this scholarship. Include your financial need; how this will help you attain your life goals; and what you have done on your own to achieve these goals. (250 typed words)

**This form must be COMPLETELY filled out and returned by above date. It is also necessary to have at least two letters of recommendation from counselor, teacher or employer accompany this form.**

Send completed paperwork or any updated information to:  
GFWC Lutz-Land O' Lakes Woman's Club  
Attention: Chairman, Scholarship Committee  
P. O. Box 656  
Lutz, FL 33548-0656

**Scholarship funds go directly to the college and must be awarded in the current year.**

**IMPORTANT: It is the responsibility of the student to provide a student ID # and /or SS# along with the complete school contact information within ninety days of receipt of notification of the scholarship award. If the student changes schools anytime after the scholarship has been processed it is the students responsibility to provide all the necessary information to reprocess the scholarship within ninety days of changes. Failure to provide the correct information within the ninety days may result in the scholarship being awarded to another student.**