



**GENERAL FEDERATION
of WOMEN'S CLUBS**

GFWC Success for Survivors Scholarship

| BACKGROUND INFORMATION | | |
|--|---|---|
| Name | | Sex <input type="checkbox"/> Female <input type="checkbox"/> Male |
| Birth Date | Social Security # | Driver's License # |
| Home Address | | |
| City | | State Zip Code |
| Mailing Address | | |
| City | | State Zip Code |
| Phone - - | Cell Phone - - | E-mail |
| Referral Source (indicate how you learned of this scholarship) | | |
| List everyone living in your home in addition to you (please indicate each person's name, date of birth, and relationship to you). | | |
| Are you a citizen or permanent legal resident of the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| If a permanent legal resident, please provide A#. | | |
| If No, please explain the current status of your residency, type of visa, and number. | | |
| EMPLOYMENT | | |
| Are you currently working? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| If No, why not? | | |
| What steps have you taken to find employment? | | |
| If Yes, where do you work? | | |
| How long have you been employed with this company? | | |
| Job Title | | Hours/Week |
| Your Salary | Gross _____ <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Annual | |
| | Net _____ <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Annual | |
| Work Address | | |
| Work Phone - - | | |

EDUCATION AND ECONOMIC PLAN

MY EDUCATION HISTORY

| Name of School | Dates of Attendance | | Major Subject/Course and Degree Earned | Date of Graduation | GPA |
|----------------------------|---------------------|-----|--|--------------------|-----|
| | Start | End | | | |
| High School City, State | | | | | |
| College City, State | | | | | |
| Other School(s) | | | | | |

MY EDUCATION GOAL

| Degree | Name of School | Program/Major | Start Date | Expected Graduation Date |
|------------------|----------------|---------------|------------|--------------------------|
| Associate Degree | | | | |
| Bachelor Degree | | | | |
| Master Degree | | | | |
| Certificate | | | | |
| Other | | | | |

Have you applied to this school/program? Yes No

Have you been accepted into this school/program? Yes No Student ID # _____
Date of expected acceptance _____

Submit a copy of the invoice/billing statement from your school.

My school has (check one) Quarters Semesters Other (specify) _____

I plan to attend (check all that apply) Fall Winter Spring Summer
 Other (specify) _____

What classes are you intending to take in the upcoming term/quarter/semester?

| Course No. | Course Name | No. of Credits | Start Date | End Date |
|------------|-------------|----------------|------------|----------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

NARRATIVE INSTRUCTIONS

Attach a separate, typed statement that provides us with information that addresses each of the following questions. The narrative should be a total of two to five pages (double-spaced). Make sure your name is on each page.

1. Tell us about yourself. We'd really like to get to know you better.
2. How will your educational goals enable you to get a job that will allow you to support yourself and/or children?
3. Tell us what receiving this scholarship would mean to you.

I understand that:

- *GFWC reserves the right, at its discretion, to cancel or reduce any awards without liability.*
- *I hereby make application for scholarship aid, subject to the terms of this program, and certify that the information in this application is correct.*

Signature of Candidate

Date

SUBMIT YOUR APPLICATION

Include in your application:

- GFWC Success for Survivors Scholarship Form
- Narrative Statement
- Sponsorship
 - GFWC Club Letter of Support
 - Nonprofit 501(c)(3) Letter from Domestic Violence Agency
- References (may be sent with application or separately to GFWC by your references)
- Additional Documentation: School Invoice and Academic Plan as soon as it is available

You may mail or e-mail this registration form to:

General Federation of Women's Clubs
Attn: GFWC Success for Survivors Scholarship
1734 N Street NW
Washington, DC 20036-2990
Scholarship@GFWC.org

Please contact the Public Policy, Programs, and Communications department at GFWC with any questions: 1-800-443-GFWC or ***Scholarship@GFWC.org***.



**GENERAL FEDERATION
of WOMEN'S CLUBS**

GFWC Success for Survivors Scholarship

AGENCY SPONSORSHIP

To the Candidate:

To qualify for scholarship consideration you must identify a nonprofit, domestic violence service provider you have worked with for at least six months who is willing to attest to the services and support you have received as a survivor of domestic violence. Please complete the top section and deliver this form to the organization you want to have as your sponsor. This sponsorship agreement form, a copy of the sponsoring organization's 501(c)(3) verification letter, and signed "Authorization for Release of Information" must be submitted with your application. Please type or print.

Name of Candidate

Sponsoring Organization

Contact Person

Sponsoring Organization's Mailing Address

City

State

Zip

To the Sponsors:

Sponsors, please complete this Sponsor Agreement form and return it to your candidate, with a copy of your 501(c)(3) verification letter, and the "Authorization for Release of Information" signed by you and the candidate. The candidate must include these materials with her application packet.

Phone

E-mail



**GENERAL FEDERATION
of WOMEN'S CLUBS**

GFWC Success for Survivors Scholarship

SPONSOR AGENCY AUTHORIZATION FOR RELEASE OF INFORMATION

This is a confidentiality agreement that allows GFWC Success for Survivors Scholarship sponsor _____, to share essential information about you with a duly authorized representative of the GFWC Success for Survivors Scholarship Program. The purpose of this agreement is to assist GFWC in assessing your candidacy for this program. Any information shared will be given with discretion and respect.

I hereby give permission to any duly authorized representative of my sponsoring agency _____, to supply information requested by GFWC pertaining to myself or my family. I release my sponsor and GFWC of any and all liability for sharing such information. This release shall be in effect until I state, in writing, that it is no longer valid.

Comments

Signatures

Signature of Program Candidate

Signature of Sponsor Representative

Name of Candidate (print)

Name of Sponsor Representative (print)

Date

Name of Sponsoring Organization

Date



**GENERAL FEDERATION
of WOMEN'S CLUBS**

GFWC Success for Survivors Scholarship

SPONSOR AGENCY QUESTIONNAIRE AND AGREEMENT FORM

Please print or type a response to the following questions either on this form or in an attached letter. Please sign and return it to the candidate along with a copy of your organization's 501(c)(3) verification letter and completed "Authorization for Release of Information."

Candidate's Name

Please provide a brief history and description of your organization.

How long have you known the candidate? What is your experience with the candidate?

What is your understanding of the candidate's education and/or career goals and overall personal goals? Does it appear that she has made the wisest possible choice of school (in terms of programs, expense, and location)?

What are the candidate's strengths and weaknesses? What impact do you believe these qualities may have on the candidate's ability to achieve her education/career goals?

Please describe why you believe the candidate is deserving of a scholarship award. Speak to your knowledge of the applicant's motivation, capability, and commitment to attending school.

Advance planning is often the key to circumventing serious difficulties. Are you aware of any specific barriers that may challenge/hinder the candidate's ability to complete this program? Some examples: physical or mental health issues; substance abuse; parenting; legal concerns.

SPONSOR AGREEMENT

_____, from this point forward referred to in this agreement as the organization or sponsor, does hereby agree to:

- Participate in a review process with the candidate and GFWC to determine whether the candidate is eligible for continued support through the Success for Survivors Scholarship Program.
- Participate in evaluations conducted by GFWC to determine the success of the program.
- Verify the tax-exempt status of the sponsoring organization (Attach a copy of the IRS 501(c)(3) letter).

| | | | |
|-----------------|--|------------------|-----|
| Signature | | Date | |
| Name (print) | | Title | |
| Organization | | | |
| Phone - - | | Fax - - | |
| Address | | | |
| City | | State | Zip |
| E-mail | | Candidate's Name | |



**GENERAL FEDERATION
of WOMEN'S CLUBS**

GFWC Success for Survivors Scholarship

CLUB SPONSORSHIP

To the Candidate:

To qualify for scholarship consideration you must identify a GFWC Club that is willing to sponsor (provide support and advocacy) your educational efforts. Please complete the top section and deliver this form to the GFWC Club you want to have as your sponsor. The enclosed sponsorship agreement form and signed "Authorization for Release of Information" must be submitted with your application. Please type or print.

Name of Candidate

Sponsoring Club

Contact Person

The GFWC Club Sponsor must:

- Review the candidate's application and proposed plan of study. Will it assist the applicant in reaching her goals? Does the applicant have the ability to complete the program outlined?
- Provide support and encouragement to the scholarship recipient, not just during the application process, but throughout her time while undertaking the educational program.

If you are willing to take on this role, please complete the Sponsor Agreement form and return it to your candidate, along with the "Authorization for Release of Information" signed by you and the candidate. The candidate must include these materials with her application packet.



**GENERAL FEDERATION
of WOMEN'S CLUBS**

GFWC Success for Survivors Scholarship

SPONSOR CLUB QUESTIONNAIRE AND AGREEMENT FORM

Please print or type a response to the following questions either on this form or in an attached letter. Please sign and return it to the candidate along with the completed "Authorization for Release of Information."

Candidate's Name

Please provide a brief history and description of your GFWC Club and its efforts in domestic violence awareness and prevention.

How long have you known the candidate? What is your experience with the candidate?

What is your understanding of the candidate's education and/or career goals and overall personal goals? Does it appear that she has made the wisest possible choice of school (in terms of programs, expense, and location)?

What are the candidate's strengths and weaknesses? What impact do you believe these qualities may have on the candidate's ability to achieve her education/career goals?

Please describe why you believe the candidate is deserving of a scholarship award. Speak to your knowledge of the applicant's motivation, capability, and commitment to attending school.

Advance planning is often the key to circumventing serious difficulties. Are you aware of any specific barriers that may challenge/hinder the candidate's ability to complete this program?

SPONSOR AGREEMENT

_____, from this point forward referred to in this agreement as the club or sponsor, does hereby agree to:

- Review the candidate's application and proposed plan of study and assess her/his viability prior to submission of this application.
- Provide support, encouragement, and advocacy to the scholarship recipient.
- Participate in a review process with the candidate and GFWC to determine whether the candidate is eligible for continued support through the Success for Survivors Scholarship Program.
- Participate in evaluations conducted by GFWC to determine the success of the program.

| | | | |
|-----------------|--|------------------|-----|
| Signature | | Date | |
| Name (print) | | Title | |
| Club Name | | | |
| Phone - - | | Fax - - | |
| Address | | | |
| City | | State | Zip |
| E-mail | | Candidate's Name | |



**GENERAL FEDERATION
of WOMEN'S CLUBS**

GFWC Success for Survivors Scholarship

REFERENCES

Return this form to the GFWC Success for Survivors Scholarship Program with your application packet. Letters of recommendation may be included with your application or sent directly to GFWC. Only one of these may be from a personal friend or family member. A representative from your Sponsor Agency may be a reference. Others you might consider asking for a letter of reference include: an employer; a counselor or case manager you have worked with; the director of an organization for which you have volunteered; a teacher; anyone who knows you well and can comment on your abilities, desire, and determination to complete your education and/or career goals.

Candidate's Name

List below the people you have asked to send reference letters.

| | | | |
|-----------------|--|---------------------------|-----|
| Name | | Relationship to Applicant | |
| Address | | | |
| City | | State | Zip |
| Phone - - | | E-mail | |
| | | | |
| Name | | Relationship to Applicant | |
| Address | | | |
| City | | State | Zip |
| Phone - - | | E-mail | |

Please tell us what you believe to be the candidate's particular strengths in her personal, educational, or professional life. Be as specific as you can, and give examples of specific accomplishments.

What is your knowledge of the candidate's education and/or career goals, and her progress toward achieving these goals? Consider any barriers or difficulties she has overcome.

Is there any additional information we should know about this applicant in regard to the award program?

Signature

Date

Name (print)

Address

City

State

Zip

Phone - -

E-mail

Relationship to Applicant

Please tell us what you believe to be the candidate's particular strengths in her personal, educational, or professional life. Be as specific as you can, and give examples of specific accomplishments.

What is your knowledge of the candidate's education and/or career goals, and her progress toward achieving these goals? Consider any barriers or difficulties she has overcome.

Is there any additional information we should know about this applicant in regard to the award program?

Signature

Date

Name (print)

Address

City

State

Zip

Phone - -

E-mail

Relationship to Applicant