



**GENERAL FEDERATION
of WOMEN'S CLUBS**

2018 GFWC Success for Survivors Scholarship

The General Federation of Women's Clubs is a national leader in the fight to end domestic violence. To emphasize our dedication in tackling this societal issue, GFWC implemented the Success for Survivors Scholarship in 2011.

We award \$2,500 scholarships to help survivors of intimate partner abuse obtain a post-secondary education that will offer them the chance to reshape their future by securing employment and gaining personal independence.

Candidates must be enrolled or planning to enroll at an accredited public or private post-secondary school, including community colleges, technical schools, and four-year universities. Applicants should check with their school enrollment or financial aid office to confirm accreditation. Applicants also may visit the U.S. Department of Education website at <http://ope.ed.gov/accreditation> Scholarships are for post-secondary study only.

ELIGIBILITY

Candidates must meet all of the following eligibility requirements to apply:

- Survived intimate partner abuse*;
- Citizen or permanent legal resident of the United States;
- Enrolled or planning to enroll at an accredited public or private post-secondary or vocational institution;
- Recommended by a licensed or accredited domestic violence agency and/or counselor or social worker, willing to provide information on behalf of the applicant.

*According to the Centers for Disease Control and Prevention, the term intimate partner abuse describes physical, sexual, and/or psychological harm by a current or former partner or spouse. This type of violence can occur among heterosexual or same-sex couples and does not require sexual intimacy.



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RECOMMENDING COUNSELOR/SOCIAL WORKER/AGENCY

The recommending counselor, social worker, or agency must attest to supporting the applicant by providing information on the services and/or support provided to the candidate. An authorized representative must complete the recommendation agreement form and return it to the candidate for submission as part of the scholarship application. (See page 5)

NOTICE OF NONDISCRIMINATION

The *GFWC Success for Survivors Scholarship* does not discriminate in its selection policy, programs, or activities on the basis of race, gender, color, creed, disability, national/ethnic origin, age, religion, sexual orientation, or disabled veteran/Vietnam era veteran status.

APPLICATION AND DEADLINES

To be considered for the scholarship, applicants must submit a completed application and **all requested materials collectively**, including:

- Completed *GFWC Success for Survivors Scholarship* application form
- Agency/counselor/social worker recommendation
- Two letters of reference

Completed applications and requested materials must be emailed or postmarked to GFWC by 11:59 p.m. EST on **February 2, 2018**.

All applications and materials should be emailed or sent by postal mail to:

Success for Survivors Scholarship
1734 N Street NW
Washington, DC 20036-2990
or

Programs@GFWC.org (Include "Scholarship" in the subject line.)

All information contained in this application will be considered confidential. Any materials submitted, other than those requested by GFWC, will not be considered. Incomplete applications will not be considered.

IMPORTANT DATES

October 10, 2017	<i>GFWC Success for Survivors Scholarship</i> application process opens
February 2, 2018	<i>GFWC Success for Survivors Scholarship</i> application deadline
May 2018—June 2018	Recipients notified
July 2018	Monetary awards sent to recipients upon receipt of enrollment verification

Contact GFWC at ***Programs@GFWC.org*** or 202-347-3168 with any questions.



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APPLICANT INFORMATION - ALL FIELDS REQUIRED				
Name				
Date of Birth			Social Security #	
Home Address				
City			State	Zip Code
Mailing Address (if different from home address)				
City			State	Zip Code
Primary Phone		Secondary Phone		Email
Referral Source (indicate how you learned of this scholarship)				
Student Identification Number:				
Are you a citizen or permanent legal resident of the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No				

MY EDUCATION HISTORY					
Name of School	City, State	Dates of Attendance		Major Subject/Course and Degree Earned	Date of Graduation
		Start	End		
High School or GED					
College					
College or University address (Financial Aid/Accounts Payable Office)					
MY EDUCATION GOAL					
Degree sought:					
Are you currently enrolled in an eligible program? (see p. 1) <input type="checkbox"/> Yes <input type="checkbox"/> No					
Estimated graduation date:					
List classes you are intending to take in the upcoming term:					

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

QUESTIONNAIRE

Each answer should not exceed 500 words. Use additional pages if necessary.

Explain your educational goals and how this scholarship will help you achieve them.

List and explain your career goals.

Describe a challenge you have faced and the steps you took to overcome that challenge.



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AGENCY/COUNSELOR/SOCIAL WORKER RECOMMENDATION - ALL FIELDS REQUIRED

To the Applicant:

To qualify for scholarship consideration you must identify an intimate partner abuse service provider you have worked with who is willing to attest to the services and support you have received as a survivor of intimate partner abuse. Please complete this page and deliver it to your provider, along with the questionnaire. Both pages must be submitted to GFWC along with all requested materials.

The purpose of this confidential agreement is to assist GFWC in assessing your scholarship application. Any information shared will be treated with discretion and respect.

I hereby give permission to any duly-authorized representative of my intimate partner abuse service provider to supply information requested by GFWC pertaining to myself. I release my provider 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.

Signature of Candidate

Date

Candidate Name

Provider Name (agency and/or company)

Contact Person

Provider Mailing Address

City

State

Zip

Email

Phone

Website (if applicable)

AGENCY/COUNSELOR/SOCIAL WORKER RECOMMENDATION

Complete this questionnaire and return it to your applicant, along with the "Authorization for Release of Information" form signed by you and the applicant. Incomplete applications will not be considered.

How long have you worked with the applicant?

What is your experience with the applicant?

What is your understanding of the applicant's education goals?

Please describe why you believe the applicant is deserving of this scholarship award. Speak to your knowledge of the applicant's motivation, capability, and commitment to his/her career goals.

Name

Title

Employer

Signature

Date



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REFERENCES

Return this form to GFWC as part of your application. Letters of recommendation must be included with your application. Only one of these may be from a personal friend or family member. Your provider representative may be a reference. Others you may consider asking for a letter of recommendation include an employer, teacher, and/or community leader.

Candidate's Name

Reference #1

Name	Relationship to Applicant	
Address		
City	State	Zip
Phone	Email	

Reference #2

Name	Relationship to Applicant	
Address		
City	State	Zip
Phone	Email	



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SUBMIT YOUR APPLICATION

Include in your application:

- GFWC Success for Survivors Scholarship* application form
- Agency/counselor/social worker recommendation
- 2 reference letters

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QUESTIONS?

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