



GENERAL FEDERATION of WOMEN'S CLUBS MASSACHUSETTS

T Jablanski, President



2024 COMMUNICATION DISORDER/SPEECH THERAPY SCHOLARSHIP **for GRADUATE STUDY starting at \$500**

Application Form (Print/Type)

Name _____ Tel. # _____

Address _____

City, Zip Code _____ E-mail _____

College(s) attended: _____

College(s) attended: _____

Degree received and graduation year: _____

Graduate school(s) to which you have applied:

_____ Accepted: Yes

_____ Accepted: Yes

Signature: _____ Date: _____

QUALIFICATIONS: Applicant maintaining legal residence in Massachusetts.

REQUIREMENTS:

1. Completed application form postmarked no later than **March 1, 2024**.
2. Personal statement of not more than 500 words addressing your personal and professional goals. Word count on statement must be provided.
3. Letter of reference from your academic advisor or college professor (original on school letterhead.)
4. Copy of Massachusetts driver's license.
5. Official transcript with grades.

SEND ENTRY TO:

GFWC Massachusetts Scholarship Chairman
P. O. Box 679
Sudbury, MA 01776-0679
Attention: Comm Disorders / Speech Therapy Scholarship

If you have any questions or for further information, please email:
Robin O'Connor, Scholarship Chairman at Scholarships@gfwcma.org
Failure to comply with the above requirements will result in disqualification.