



GENERAL FEDERATION of WOMEN'S CLUBS MASSACHUSETTS

T Jablanski, President



2024 CATHERINE E. PHILBIN PUBLIC HEALTH SCHOLARSHIP for UNDERGRADUATE OR GRADUATE STUDY starting at \$500

Application Form (Print/Type)

Name _____ Tel. # _____

Address: _____

City, Zip Code _____ E-mail _____

High school(s) attended with graduation year: _____

Colleges to which you have applied: _____ Accepted: Yes

Colleges to which you have applied: _____ Accepted: Yes

Expected graduation date and major: _____

College(s) attended: _____

Degree received and graduation year: _____

Graduate school to which you have applied: _____ Accepted: Yes

Signature: _____ Date: _____

QUALIFICATIONS: Undergraduate or graduate 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 professional goals and how they relate to public health. Word count on statement must be provided.
3. Letter of reference from a high school teacher, academic advisor or college professor (original on school letterhead).
4. Copy of Massachusetts driver's license or high school ID.
5. Official transcript with grades.

SEND ENTRY TO:

GFWC Massachusetts Scholarship Chairman
P. O. Box 679
Sudbury, MA 01776-0679
Attention: Public Health Scholarship

If you have any questions or for further information, please email:
Robin O'Connor, Scholarship Chairman, Scholarships@gfwcma.org

Failure to comply with the above requirements will result in disqualification.