

GENERAL FEDERATION OF WOMEN'S CLUBS OF MASSACHUSETTS

T Jablanski, President

**MEMORIAL EDUCATION SCHOLARSHIPS for GRADUATE STUDY 2024**

Field of Study for 2024:  
**Special Education**



**Eligibility:** Woman maintaining legal residence in Massachusetts

Amounts awarded: **at least \$3000**

**To apply, provide a packet to include the completed Application Form below** with the following:

1. **Personal Statement** not more than 500 words addressing professional goals and financial need.
2. **Official transcript(s)** from all colleges and graduate schools attended.
3. **Letter of Reference** from college department chair or recent employer (on official letterhead).
4. **Copy of Massachusetts Driver's License or Massachusetts Identification Card.**
5. **Personal Resume.**
6. **Confirmation of acceptance** to a graduate level program, if received. (If selected as a recipient, copy of acceptance must be provided to GFWC MA Treasurer before scholarship award is issued.)

**Send all pieces in ONE envelope to:**

*Memorial Education Scholarship Chairman, c/o GFWC MA, P.O. Box 679, Sudbury, MA 01776-0679.*

Incomplete applications will not be considered. **All entries must be received by March 1, 2024.**

**Interviews:** Applicants will receive confirmation that materials have been received. Candidates chosen as finalists will be contacted by **March 15, 2024** to schedule a remote or in-person interview with the Memorial Education Scholarship Selection Committee. **Target date for interviews: March 23, 2024.** *Please save the date.*

**Note:** Fields of study change each year. The above fields may not be offered after March 1, 2024.

**2024 MEMORIAL EDUCATION SCHOLARSHIP APPLICATION FORM**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ ZIP \_\_\_\_\_

How long have you lived in Massachusetts? \_\_\_\_\_ Yrs. Email \_\_\_\_\_

Phone # \_\_\_\_\_ Best time to call \_\_\_\_\_

Undergraduate degree received from \_\_\_\_\_

Date received \_\_\_\_\_ Degree Type/Program \_\_\_\_\_

Field of proposed Graduate study \_\_\_\_\_

Graduate schools applied to (*Please note if acceptance received*) \_\_\_\_\_

Additional information about financial needs (include other aid applied for/received, program costs)

X SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Questions may be directed to Memorial Education Chairman Lynne Stader: [Lynne@stader.org](mailto:Lynne@stader.org)