 

**GENERAL FEDERATION *of* WOMEN’S CLUBS MASSACHUSETTS**

**Lynne M. Stader, President**

**2020 CATHERINE E. PHILBIN PUBLIC HEALTH SCHOLARSHIP**

**for UNDERGRADUATE OR GRADUATE STUDY starting at $500**

**QUALIFICATIONS**: Undergraduate or graduate maintaining legal residence in Massachusetts.

**REQUIREMENTS**:

1. Completed application form postmarked no later than **March 1, 2020**.
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:

**Darlene Coutu, Scholarship Chairman, darlenepwc@charter.net**

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

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

**2020 CATHERINE PHILBIN PUBLIC HEALTH SCHOLARSHIP**

 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 ❑

Expected graduation date and major: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_

College(s) attended:

Degree received and graduation year:

Graduate school to which you have applied: \_\_\_\_\_\_\_\_ \_ \_\_\_\_\_\_\_\_ \_\_\_\_\_ Accepted: Yes ❑

Signature: \_\_\_\_\_\_\_Date: \_\_\_\_ \_ \_\_\_\_\_\_