 

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

**Lynne M. Stader, President**

# **2020 EDUCATION-TEACHING SCHOLARSHIP starting at $500**

# **Given in the name of NEWTONVILLE WOMAN'S CLUB**

**QUALIFICATIONS:** Applicant must be a senior in a Massachusetts high school or home schooled and has achieved the standards for graduation set by the town of residence. Applicant will enroll in a four-year accredited college or university in a teacher-training program that leads to certification to teach.

**REQUIREMENTS:**

1. Completed application form postmarked no later than **March 1, 2020**
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 recommendation from high school teacher or academic advisor (original onschool letterhead) relevant to this award, not a college application.
4. Copy of Massachusetts driver’s license or high school ID.
5. Official transcript with grades.

**SEND ENTRY TO**: GWFC Massachusetts Scholarship Chairman

P. O. Box 679

Sudbury, MA 01776-0679

Attention: Teaching 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.

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**2020 EDUCATION-TEACHING SCHOLARSHIP – NEWTONVILLE WOMAN'S CLUB**

Application Form (Print/Type)

Name \_\_\_\_\_\_\_\_\_\_\_ Tel. # \_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_

City, Zip Code \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_ E-mail

High school(s) attended: \_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Colleges to which you have applied:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ Accepted: Yes ❑

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ Accepted: Yes ❑

Expected graduation date and major:

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_\_\_ Date: