MEMORIAL EDUCATION SCHOLARSHIPS for GRADUATE STUDY

Fields of Study:
MENTAL HEALTH COUNSELING
EPIDEMIOLOGY and PUBLIC HEALTH

Eligibility: Woman maintaining legal residence in Massachusetts minimum 5 years
Amounts awarded: at least $3000

To apply, provide a packet to include all of the following:
1. Completed Application Form (below)
2. Personal Statement not more than 500 words addressing professional goals and financial need.
3. Official transcript(s) of grades from all colleges (and graduate schools if attended).
4. Letter of Reference from college department chair or recent employer (on official letterhead)
5. Copy of Massachusetts Driver’s License.

Send all pieces in ONE envelope to Memorial Education Scholarship Chairman, c/o GFWC MA, P.O. Box 679, Sudbury, MA 01776-0679. Entries must be received by March 1, 2021.

Notes:
- Interviews: Finalists will be contacted by March 15, 2021 to schedule a personal interview at GFWC MA Headquarters, 245 Dutton Road, Sudbury, MA. Target dates for interviews: March 20 and March 27, 2021. Please save the dates.
- Notification will not be sent to students who are not selected.
- Fields of study change each year, the above may not be offered after March 1, 2021.
- Incomplete applications will not be considered.

2021 MEMORIAL EDUCATION SCHOLARSHIP APPLICATION FORM

First Name __________________________ Last Name __________________________

Address ________________________________________________________________

City, Zip ______________________________ EMAIL: ___________________________

How long have you lived in Massachusetts? _______ Years    Phone # __________________________

Secondary School attended ______________________________________________________

Colleges attended ____________________________________________________________

Undergraduate degree __________________________ Date received ________________

Graduate schools applied to /been accepted? ______________________________________

Field of proposed graduate study ________________________________________________

Have you applied for or received other financial aid toward your graduate work? If so, from whom and the amount: ________________________________________________________________

X SIGNATURE __________________________________________________ DATE ____________

For additional information email GFWC MA Headquarters Secretary at HQSecretary@gfwcma.org.