

GENERAL FEDERATION OF WOMEN'S CLUBS OF MASSACHUSETTS

Donna M. Shibley, President

MEMORIAL EDUCATION SCHOLARSHIPS for GRADUATE STUDY

Fields of Study:
**MENTAL HEALTH
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 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. **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, 2022.**

Interviews: Applicants will receive confirmation that materials have been received. Candidates chosen as finalists will be contacted by **March 15, 2022** to schedule a remote or in-person interview with the Memorial Education Scholarship Selection Committee. **Target date for interviews: March 26, 2022.** *Please save the date.*

Note: Fields of study change each year. The above fields may not be offered after March 1, 2022.

2022 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 _____

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