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

<table>
<thead>
<tr>
<th>First Name</th>
<th>Last Name</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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) ____________________________________

_______________________________________________________________________________________

_______________________________________________________________________________________

Addition 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