



GENERAL FEDERATION OF WOMEN'S CLUBS OF MASSACHUSETTS
Jen Nowak, President
MEMORIAL EDUCATION SCHOLARSHIPS
for **GRADUATE STUDY 2025**

Field of Study: **Mental Health Counseling**

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/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.)

Eligibility: Woman maintaining legal residence in Massachusetts

Amounts awarded: **at least \$3000**

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, 2025.

Interviews: Applicants will receive confirmation that materials have been received. Candidates chosen as finalists will be contacted by **March 15, 2025** to schedule a remote or in-person interview with the Memorial Education Scholarship Selection Committee. **Target date for interviews: March 22, 2025.**

Note: Field of study changes each year. The above fields may not be offered after March 1, 2025.

2025 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 _____

Questions may be directed to Memorial Education Chairman Lynne Stader: Lynne@stader.org