



**GFWC**  
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**GENERAL FEDERATION  
 OF WOMEN'S CLUBS**  
**MASSACHUSETTS**

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 MASSACHUSETTS**

**Jen Nowak, President**

**2025 PUBLIC HEALTH SCHOLARSHIP for GRADUATE STUDY  
 starting at \$500**

Application Form (Print/Type)

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

Address: \_\_\_\_\_

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

College(s) attended: \_\_\_\_\_

Degree received and graduation year: \_\_\_\_\_

Graduate school(s) to which you have applied:

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

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

Expected graduation date and major: \_\_\_\_\_

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

**ELIGIBILITY:** Graduate applicant maintaining legal residence in Massachusetts.

**REQUIREMENTS:**

1. Completed application form postmarked no later than **March 1, 2025**.
2. Personal statement of not more than 500 words addressing your professional goals and how they relate to a public health program. Word count on statement must be provided.
3. Letter of reference from an academic advisor, or college professor (original on school letterhead).
4. Copy of Massachusetts Driver's License or Massachusetts Identification Card.
5. Official college transcript(s) with grades.

**SEND ENTRY TO:**

GFWC Massachusetts Scholarship Chairman  
 P. O. Box 679  
 Sudbury, MA 01776-0679  
 Attention: Graduate – Public Health Scholarship

If you have any questions or for further information, please email:  
**Lynne Stader, Graduate Scholarship Chairman, [Lynne@stader.org](mailto:Lynne@stader.org)**

Failure to comply with the above requirements will result in disqualification.