



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

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Jen Nowak, President

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

Application Form (Print/Type)

Name _____ Tel. _____

Address: _____

City, Zip Code _____ E-mail _____

High school(s) attended with graduation year: _____

Colleges to which you have applied: _____ Accepted: Yes

_____ Accepted: Yes

Expected graduation date and major: _____

College(s) attended: _____

Signature: _____ Date: _____

QUALIFICATIONS: Undergraduate 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 a high school teacher, academic advisor, or college professor (original on school letterhead).
4. Copy of Massachusetts Driver's License or High School ID.
5. Official transcript with grades.

SEND ENTRY TO:

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

If you have any questions or for further information, please email:
Maureen Crowley, Scholarship Chairman, Scholarships@gfwcma.org

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