GENERAL FEDERATION *of* WOMEN'S CLUBS MASSACHUSETTS

Terry Rouvalis, President

2027 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, 2027**.
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, mcrowley20@gmail.com
Failure to comply with the above requirements will result in disqualification.