GENERAL FEDERATION OF WOMEN'S CLUBS OF MASSACHUSETTS
Lynne M. Stader, President

2019 MEMORIAL EDUCATION FUND FELLOWSHIPS of at least $3000
for
GRADUATE STUDY in NURSING or COMPUTER SCIENCE

QUALIFICATIONS: Woman maintaining legal residence in Massachusetts for a minimum of five years.

REQUIREMENTS:
1. Completed application form postmarked no later than March 1, 2019
2. Personal Statement of not more than 500 words addressing your professional goals and financial need.
3. Official transcript(s) of grades from all colleges (and graduate schools if attended).
4. Letter of reference from college department chair or recent employer (original on college/business letterhead)
5. Personal interview if selected as a finalist.

Finalists will be notified by March 21, 2019 of the date and time for a personal interview. Interviews will be held at GFWC of MA Headquarters, 245 Dutton Road, Sudbury, MA.

SEND ENTRY TO: Memorial Education Fund Chairman
GFWC of Massachusetts
P.O. Box 679, 245 Dutton Road, Sudbury, MA 01776-0679

For further information please email Shirley Gomes, Chairman of Trustees,
Memorial Education Fund at rickygomes@comcast.net

Fields of study change each year, the above will not be offered after March 1, 2019.

Failure to comply with any of the above requirements will mean disqualification

2019 MEMORIAL EDUCATION FELLOWSHIP
Application Form (Print/Type)

NAME__________________________________________TEL. NO_____________________

HOME ADDRESS___________________________________________________________________

CITY, ZIP ________________________________EMAIL:______________________________

HOW LONG HAVE YOU LIVED IN MASSACHUSETTS?_________________________

SECONDARY SCHOOLS AND COLLEGES ATTENDED______________________________________

_____________________________________________________________

GRADUATE SCHOOLS TO WHICH YOU HAVE APPLIED

_____________________________________________________________

FIELD OF PROPOSED GRADUATE STUDY

HAVE YOU APPLIED FOR OR RECEIVED OTHER FINANCIAL AID TOWARD YOUR GRADUATE WORK? IF SO, FROM WHOM AND THE AMOUNT

_____________________________________________________________

SIGNATURE____________________________________DATE________________________