



## FOR THE APPLICANT

1. GFWC/CT Memorial Scholarships are available to Connecticut women pursuing advanced courses of study at institutions of higher learning. The Memorial Scholarships include the Dorothy E. Schoelzel Scholarship and the Phipps Scholarships. All awards are granted on the basis of future promise, scholastic ability and financial need.
2. All applicants must be sponsored by a GFWC/CT Club and each club may sponsor only one applicant per year. Scholarships are not granted for current or past year's expenses. At this time, the maximum award is \$2,000 for the Schoelzel Scholarship and up to \$4000 per Phipps' Scholarship.
3. At the time of filling this application, candidates to be considered for the Schoelzel Scholarship must have completed THREE or more years of undergraduate work in accredited institutions of higher learning with a 3.0 average or better. They must be matriculating for a Bachelor's or post graduate degree, OR at the time of filing this application, candidates to be considered for the Phipps Scholarships must have completed TWO or more years of undergraduate work in an accredited institution of higher learning with a 3.0 average or better, and be matriculating for a Bachelor's or post graduate degree.
4. Answer questions fully using additional paper if necessary. You may include a photograph or any further information you wish. Enclose a stamped, self-address envelope if you wish the items returned.
5. Completed applications, including general and personal information, financial statement, instructor/employer references, official transcript of at least the most recent two years of undergraduate or graduate work must be received by the GFWC/CT sponsoring club's Scholarship Chair by March 10.

## SEND TO:

Sponsoring Club's Scholarship Chairman: Woman's Club of Danbury/New Fairfield

Address: PO Box 4483, Danbury. CT 06813-4483

Phone: 914-497-3816

Email: pbarresi48@gmail.com



Scholarships Awarded for Tuition Purposes Only  
APPLICANTS MUST BE U.S. CITIZENS AND RESIDENTS OF CONNECTICUT

Completed applications must be received by your sponsoring club's Scholarship Chairman by March 10<sup>th</sup>.

Please accurately complete the entire application. ALL questions must be responded to in full in order to qualify.  
Only completed application packets received by the above deadline will be considered. Typed answers are preferred and appreciated.

**1. GENERAL INFORMATION**

Name: \_\_\_\_\_

Home address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP code: \_\_\_\_\_

Phone (home): \_\_\_\_\_ Phone (school/work): \_\_\_\_\_

Email: \_\_\_\_\_

How long have you lived at this address? \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

U.S. Citizen? ☐ Yes ☐ No Marital Status: ☐ Single ☐ Married ☐ Divorced ☐ Widowed

Name and address of your primary source of income/support (if other than self)

Father: \_\_\_\_\_

Mother: \_\_\_\_\_

Guardian: \_\_\_\_\_

Husband: \_\_\_\_\_

Total number of family members: \_\_\_\_\_

List Dependents (names and ages): \_\_\_\_\_

**2. EDUCATIONAL INFORMATION**

Name and address of college/university you currently *attend* or *will be attending* (please circle one):

\_\_\_\_\_  
\_\_\_\_\_

**OR**

Name and address of school last attended:

\_\_\_\_\_  
\_\_\_\_\_



**I WISH TO BE CONSIDERED FOR (check the one you qualify for below)**

\_\_\_ **PHIPPS:** Name and address of college/university at which you have completed two or more years of undergraduate work: \_\_\_\_\_

\_\_\_ **SCHOELZEL:** Name and address of college/university at which you have completed three or more years of undergraduate work: \_\_\_\_\_

Dates of Attendance: \_\_\_\_\_

Major/Field of Study: \_\_\_\_\_

Degree Sought: \_\_\_\_\_

Anticipated Date of Graduation: \_\_\_\_\_

Cumulative Average of Scholastic Record: \_\_\_\_\_

Class Rank: \_\_\_\_\_

Are you pursuing a post-graduate degree? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, state name and address of undergraduate college/university: \_\_\_\_\_

Dates of Attendance: \_\_\_\_\_ Major: \_\_\_\_\_

Degree Received? \_\_\_ Yes \_\_\_ No If yes, date degree received: \_\_\_\_\_

Name and address of graduate college/university: \_\_\_\_\_

**3. SCHOLASTIC / COMMUNITY / EXTRACURRICULAR ACTIVITIES**

Campus Activities (state name of activity, position held if any, and dates of activity)

Scholastic Honors/Awards (include dates) received: \_\_\_\_\_

Community/Volunteer Work (describe nature of activity and dates of involvement):



#### 4. EMPLOYMENT HISTORY

Occupation: \_\_\_\_\_

Annual Income: \_\_\_\_\_

Name and address of current employer: \_\_\_\_\_

\_\_\_\_\_

Dates of employment at current position: \_\_\_\_\_

List employment history for the past two years (include name and address of employer, dates of employ, position held, salary):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

#### 5. FINANCIAL INFORMATION

Expenses for the upcoming year:

Total Cost: \_\_\_\_\_

Tuition: \_\_\_\_\_

Room and Board: \_\_\_\_\_

Fees and Books: \_\_\_\_\_

Other (specify): \_\_\_\_\_

Sources of funds for education for the upcoming academic year:

Total amounts to be applied towards education this year: \_\_\_\_\_

Parents: \_\_\_\_\_

If married, is husband contributing to your education? \_\_\_\_ Yes \_\_\_\_ No

If yes, amount of contribution: \_\_\_\_\_

Financial Aid (include date(s)) received: \_\_\_\_\_

Scholarship(s) (include name and address of source and date(s) received): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Personal Earnings (include probably earnings to the beginning of the school year): \_\_\_\_\_

\_\_\_\_\_

How much do you estimate you will need in the form of a loan/scholarship for the upcoming academic year? \_\_\_\_\_

Have you ever applied for or been granted a GFWC/CT scholarship in the past? \_\_\_\_\_

If granted, please list the amount and date: \_\_\_\_\_

Additional financial support: \_\_\_\_\_



## 6. ESSAY

Please answer the following question. Limit your response to no more than one page and attach to application.

What are your plans for using your education after your graduate and why is furthering your education important to you? Include a statement as to what qualities you possess which make you an outstanding candidate and a statement regarding financial factors we should consider.

### **COMPLETED APPLICATIONS MUST INCLUDE THE FOLLOWING:**

1. Transcript from college/university you currently attend, endorsed by the Dean or other executive officer of the college (an A or B average is required). If a post graduate degree is sought, also include an official transcript from your undergraduate college/university.
2. TWO professional instructor/employer recommendations. (forms are attached and should be returned directly by the person completing them to the sponsoring clubs' Scholarship Chairman.
3. Financial statement from father/guardian/spouse/self (see attached form). Applications will not be considered unless full financial disclosure is made.

I certify that the information I have provided in support of my application is true and complete. If the scholarship is granted, I agree to only use it for its intended purpose. I am presently a college Junior/Senior (circle one) at: \_\_\_\_\_

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**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Sponsoring GFWC/CT Club Name: \_\_\_\_\_ Woman's Club of Danbury/New Fairfield

Sponsoring Club Scholarship \_\_\_\_\_ PO Box 4483, Danbury, CT 06813-4483

Address: \_\_\_\_\_ Chairman: Pat Barresi

Phone: \_\_\_\_\_ 914-497-3816 Email: \_\_\_\_\_ pbarresi48@gmail.com

Sponsoring Club President: \_\_\_\_\_ Kathy Sabbagh



## FINANCIAL STATEMENT

If the applicant is claimed as a dependent for income tax purposes, this form should be filled out by the person providing more than half the applicant's support. If the applicant is not a dependent, this form should be filled out by the applicant herself. If the applicant is married, husband's income must be included on this form.

Name: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_parent \_\_\_\_\_guardian \_\_\_\_\_spouse \_\_\_\_\_self

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Number of years at current address: \_\_\_\_\_

Occupation: \_\_\_\_\_

Salary: \$ \_\_\_\_\_

Income of additional members of household: (specify names and amount):

\_\_\_\_\_  
\_\_\_\_\_

Total Family Income: \$ \_\_\_\_\_

Adjusted gross income from line 34 of last year's IRS Form 1040: \$ \_\_\_\_\_

List all dependents (include name, age, and school attending):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**I affirm that the answers to the foregoing questions are true, correct, and complete.**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_



### INSTRUCTOR'S / EMPLOYER'S REFERENCE

Name of Applicant: \_\_\_\_\_

*(Employer's reference will be accepted if applicant has been out of school for more than five years or is unable to obtain instructor's reference)*

**PLEASE MAIL COMPLETED FORM SO THAT IT IS RECEIVED NO LATER THAN MARCH 10<sup>TH</sup> TO:**

GFWC/CT Sponsoring Club Scholarship Chairman

Name of Chairman: \_\_\_\_\_

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

GFWC/CT Sponsoring Club: \_\_\_\_\_

**\*ALL INFORMATION WILL BE HELD IN CONFIDENCE BY THIS COMMITTEE\***

How long have you known the applicant? \_\_\_\_\_

In what capacity have you known her? \_\_\_\_\_

Why do you feel this applicant should be selected for this scholarship? Comment on what qualities (including her personality and character) she possesses which support your position:

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State any other pertinent facts which you feel would be of interest or help to the Memorial Scholarship Committee:

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**Signed:** \_\_\_\_\_

Print Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Position Held: \_\_\_\_\_

Name and address of employer: \_\_\_\_\_