GFWC PALM BEACH GARDENS WOMAN'S CLUB
SCHOLARSHIP APPLICATION
FOR A FLORIDA ACCREDITED SCHOOL
OPEN TO PALM BEACH COUNTY RESIDENTS

DEADLINE TO APPLY: MARCH 31, 2026

PLEASE PRINT OR TYPE

1. **Name**_____
Last First Middle

2. Address_____**Zip**_____**How Long**_____

Telephone_____**Birthdate**_____**Email**_____

3. Parents _____**Father** _____**Stepfather** _____**Divorced** _____**Mother** _____**Stepmother** _____**Separated**

4. Father's Occupation_____**Father's Employer**_____
Mother's Occupation_____**Mother's Employer**_____
Father's Years of Service_____ **Retired**_____
Mother's Years of Service_____ **Retired**_____

4a. Your Occupation (if Independent) _____
Your Employer _____

5. Indicate Figure Nearest Income of Parents and Individual___ (Please check lines)
___$20,000-$30,000 ___$30,000-$40,000 ___$40,000-$50,000 ___Over $50,000 _____Rent Home _____Own Home _____Other (Explain)
_____

6. Are you receiving income from
_____Social Security _____Company Pension _____Workman's Comp
Other_____

7. Number of dependents on this income other than parents?_____
Number in College/University_____**Where**?_____
Receiving Aid?_____
Number in other school_____**Where?**_____
Number of preschool age at home?_____
Number of relatives living at home?_____
Not working?_____ **Working?**_____

8. High School _____**Date of Graduation**_____

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9. Have you attended College before?_____if so, where?_____
When_____Reason for leaving?_____ **If attending a Florida College/University, please attach a copy of grades transcript.**

10. Do you hold any other degree? **If so, which?_____**

11. Have you been accepted at a College?_____Which one?_____
Have you received or applied for other financial aid?_____
Explain:_____
_____

12. Do you have a part time or full time job?
Explain:_____

13. What field do you plan to study?_____

14. List school and community honors, awards and activities_____
_____

15. References/letter of recommendation (2) are to accompany this form.
a._____
b._____

16. In 200 words or less, please attach a personal statement telling us why you deserve or need a scholarship and what your goals are.

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PLEASE BE SURE TO PROVIDE ALL OF THE FOLLOWING: INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED.

GPA_____
CLASS RANK_____
SAT SCORE_____
ACT SCORE_____
COMPLETED APPLICATION FORM _____
PERSONAL GOAL STATEMENT_____
REFERENCES/LETTERS OF RECOMMENDATION_____
OFFICIAL TRANSCRIPT_____
COPY OF STUDENT ID_____
COPY OF UTILITY BILL_____
COPY OF 2025 FEDERAL TAX RETURN BOTH PARENT & STUDENT_____

The above information will be kept confidential.

_____

Signature of Parent **Signature of Student**

Date _____

QUESTIONS? EMAIL: PBGWOMANSCLUB@GMAIL.COM

PLEASE RETURN COMPLETED APPLICATION PACKET TO:

GFWC PALM BEACH GARDENS WOMAN'S CLUB EDUCATION
COMMITTEE, P.O. BOX 33714
PALM BEACH GARDENS, FL 33420-1284

APPLICATION MUST BE POSTMARKED OR EMAILED BY MARCH 31, 2026