



**GFWC APOPKA WOMAN'S CLUB**

**ADULT WOMAN'S SCHOLARSHIP APPLICATION**

**APPLICANT MUST BE AGE 19 OR OLDER AND IS CURRENTLY PURSUING AN ASSOCIATE DEGREE, FIRST BACHELOR'S DEGREE, OR ADVANCED DEGREE.**

**OR**

**BE AGE 19 OR OLDER AND PURSUING A NON-DEGREE CERTIFICATE OR LICENSE IN A VOCATIONAL OR TECHNICAL PROGRAM.**

**APPLICANT MUST RESIDE IN ZIP CODE AREAS 32703, 32704, OR 32712 NOW AND FOR THE PREVIOUS TWO YEARS.**

**ACCEPTING APPLICATIONS FROM JAN 1, 2025 TO MARCH 23, 2025 AT 5:00PM.**

**Questions? Contact: Christy Faircloth Chairman**

**Call or Text: 407-342-1326**

**E-mail: [cfaircloth@mindspring.com](mailto:cfaircloth@mindspring.com)**

**Mail completed application to:**

**Christy Faircloth  
GFWC Apopka Woman's Club  
540 Village Pace, Apt. 110  
Longwood, FL 32779**

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ADULT WOMAN'S SCHOLARSHIP APPLICATION**

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

How long at this address \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

School: \_\_\_\_\_ Employer \_\_\_\_\_

Level of Education Completed \_\_\_\_\_ Job Title: \_\_\_\_\_

Marital Status \_\_\_\_\_ Number of Children \_\_\_\_\_

What colleges/universities/occupational institution have you applied to?

Have you been accepted?

Please attach three letters of recommendation. References may not be from a relative.

- a. One must be an academic or employment reference.
- b. One must be from a non- school related individual.
- c. One from applicant's choice.

## Organizations and Activities

**Organization**                                      **Officer Position**                                      **Dates of Participation**

Organization	Officer Position	Dates of Participation

**Are you currently employed?** \_\_\_\_\_

**Where are you employed?** \_\_\_\_\_

**How long have you been employed here?** \_\_\_\_\_

**What is your position?** \_\_\_\_\_

**Why have you chosen the career field of?** \_\_\_\_\_

**What experience do you have in this field in the past two years?**

**State why you will need a scholarship.**

**Funding Information:**

**School:** \_\_\_\_\_

**Address:** \_\_\_\_\_                                      **Phone:** \_\_\_\_\_

**Student ID#:** \_\_\_\_\_