



GFWC Lilburn Woman's Club Scholarship Application Information

The GFWC Lilburn Woman's Club sponsors annual scholarships of \$2,500 to three female high school seniors. The student must demonstrate leadership, school and community involvement and an exceptional desire for higher learning. Consideration will be given to students with special circumstances or challenges. The students must have legal residency in the 30047 Lilburn, GA zip code or attend a school located in the 30047 Lilburn, GA zip code. Students may attend public school, private school or be home schooled.

Application Deadline is March 15. The GFWC Lilburn Woman's Club Scholarship Committee determines scholarship recipients after review of applicants. Notification will be made the first week of April. Scholarship monies will be mailed directly to the recipients college, university or technical college. Student is responsible for providing GFWC Lilburn Woman's Club with the necessary information.

Applications must be received on or before March 15th

Electronic Submission Required - PDF files only

Email: scholarships@lilburnwomensclub.org

The applicant shall submit, with the application, the requirements for eligibility:

- a. Two (2) letters of recommendation, one personal and one academic. Letters should be signed
- b. Official high school transcript
- c. One-page student essay responding to "What volunteer work have you done, what is the impact you have observed of you volunteer work, and how it has affected you."
- d. Completed application including signature

Scholarship recipients will be selected on the criteria of:

- a. Academics, including Leadership and School Activities
- b. Community Service
- c. Need - Financial and/or other challenges/circumstances



GFWC Lilburn Woman's Club Scholarship Application Form 2025
Completed Application Form DUE MARCH 15, 2025

Please print or type:

Name:

Address:

_____ *Street* _____ *City* _____ *State* _____ *Zip code*

Telephone: _____ **Cell Phone:** _____

Email Address:

College/University Enrollment

College/University _____ City _____

(Check one) _____ Applied _____ Accepted

Course of Study

Parental Information

Name of Parents or Guardian:

Address:

Phone (if different):

Family Income: *Please check the category below which properly illustrates total per year (before taxes):*

Under \$25,000 ___ \$25,000 - \$50,000 \$50,000 - \$75,000 \$75,000 - \$125,000
\$125,000 & above ___

List scholarships or student aid that you expect to or will receive including the Hope Scholarship.

HOPE:	_____	Amount:	_____	Per Year	
Source 1.	_____	Amount:	_____	Per Year	One time
Source 2.	_____	Amount:	_____	Per Year	One time
Source 3.	_____	Amount:	_____	Per Year	One time
Source 4.	_____	Amount:	_____	Per Year	One time

Please list: (if more room is needed please attach an additional sheet)

Leadership/School activities: _____

In your own words, please clearly describe: "Why you need (not just want) this scholarship" and "any extraordinary circumstances or special needs to include financial needs that apply to you" (if more space is needed, please attach an additional sheet)

I attest that the statements and information provided in this application are true and correct, by signing below:

Applicant's Signature