

**GFWC Oviedo Woman's Club**  
**P. O. Box 620522, Oviedo, FL 32762-0522**  
**HIGH SCHOOL SCHOLARSHIP APPLICATION**  
**DUE MARCH 1, 2017**

**INSTRUCTIONS**

Please answer all questions carefully and completely. **Fully completed applications must be submitted and postmarked before midnight, March 1, 2017.** The GFWC Oviedo Woman's Club's [OWC] scholarship committee which will have the full responsibility for selecting the winner. You may be asked to interview with the committee in the final selection round. The OWC committee will hold all information confidential. All checks will be issued in the name of both the school and the recipient.

**Use this checklist to ensure your application is complete.**  
**To be considered you must:**

- Be a senior enrolled in Oviedo or Hagerty High School*
- Have a weighted cumulative grade point average [G.P.A.] of 3.0 or above and provide official transcripts [certified and sealed]*
- Fully complete the OWC High School Scholarship Application [this form] and provide information detailing your extracurricular school activities, honors, and community involvement*
- Provide a detailed report of your volunteer service on a separate page and attach*
- Secure and attach 2 letters of reference from two of the following: teacher, counselor, administrator, job supervisor, church clergy, or someone who works with you in the community*
- Provide a personal statement detailing your future academic and career goals. Please provide this in the form of an essay.*

*Submit your **typed essay of no more than 500 words**, giving a brief description of how you view yourself based on personal qualities and attributes and your ultimate future academic and career goals. You may share additional types of information if you feel it would assist the committee in the selection process. [Essays that exceed the 500 words or are not typed will not be accepted.] Please attach copies of any newspaper or magazine clippings that may also assist the committee.*

**Incomplete applications will not be considered.**

**Mail completed application and other information to: GFWC Oviedo Woman's Club, ATTN: Scholarship Committee, P.O. Box 620522, Oviedo, FL 32762-0522.**

**APPLICATION**

Please read carefully. Complete all items. To be accepted, this application must be typed or printed in black or blue ink.

**I. PERSONAL INFORMATION**

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

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

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

Mailing address: \_\_\_\_\_

Residence address (if different): \_\_\_\_\_

Best telephone number: ( \_\_\_\_\_ ) \_\_\_\_\_

Age: \_\_\_\_\_ Date of birth: \_\_\_\_\_

I am currently a senior at [indicate one]:

Hagerty High School

407-871-0750

3225 Lockwood Blvd, Oviedo FL 32765

Oviedo High School

407-320-4050

601 King Street, Oviedo FL 32765

Your weighted Grade Point Average (G.P.A.)? \_\_\_\_\_  
(Minimum 3.0 is needed to qualify for the OWC scholarship)

Your SAT score: \_\_\_\_\_ Your ACT score: \_\_\_\_\_  
(If you have not taken SAT or ACT, please indicate "not taken")

Do you work in addition to attending school? If so, where? \_\_\_\_\_

Hours per week of work: \_\_\_\_\_

Applicant's annual income \$ \_\_\_\_\_

## II. HOUSEHOLD/FAMILY PROFILE

Will you receive help from a family member or friend? \_\_\_\_\_

Parent(s)/legal guardian(s):

Mother:: Name \_\_\_\_\_ Telephone number: \_\_\_\_\_

Father: Name \_\_\_\_\_ Telephone number: \_\_\_\_\_

List other dependent children (with ages):

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

Expected yearly contributions to your continued education \$ \_\_\_\_\_

*The above information about my household/family is true and accurate.*

\_\_\_\_\_  
Father/Stepfather/Guardian Signature

\_\_\_\_\_  
Mother/Stepmother/Guardian Signature

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

**III. COLLEGE PLANS:**

To which college(s) have you applied? (Attach additional sheets if necessary.)

Name of College	Have you been accepted?
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Waiting to Hear
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Waiting to Hear
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Waiting to Hear

What field do you plan to study? \_\_\_\_\_

\_\_\_\_\_

Are you eligible for a Bright Futures Scholarship?  Yes  No

If so, what level of scholarship?  FL Academic  FL Medallion  Gold Seal Vocational

**Other awards:**

Please list below the name and amount of any grants, financial aid or scholarships that you have applied for or been awarded for the 2016-2017 academic year. (Attach additional sheets if necessary.)

Name of Award	Amount	Awarded?
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Waiting to Hear
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Waiting to Hear
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Waiting to Hear
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Waiting to Hear

**IV. ACTIVITIES AND HONORS**

Describe involvement in extracurricular school activities and community service. Provide an overview of special awards received for academic, philanthropic, or athletic achievements. Use additional sheet(s) if necessary. Please include hours and dates (approximately):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**V. APPLICANT'S SIGNATURE**

*I wish to apply for a GFWC Oviedo Woman's Club scholarship. The information I have provided is true and accurate.*

Signature of applicant: \_\_\_\_\_ Signature date: \_\_\_\_\_