

**$1,000.00 GFWC-WI WOMAN’S CLUB OF PEWAUKEE
COMMUNITY SERVICE SCHOLARSHIP APPLICATION**

Scholarships are awarded each year by GFWC-WI Woman’s Club of Pewaukee to graduating high school students and adult students who have been actively involved in community service and who MUST reside in the City or Village of Pewaukee.

The scholarship is effective the second semester of the school year. The check will be issued to the attending college by the second semester tuition due date for the 2026-2027 school year.

DEADLINE FOR SUBMISSION: **MARCH 15, 2026**

INSTRUCTIONS:

This application form must be saved and completed at your computer so that it can be sent as instructed.

The application and required accompanying documents must be sent via email by the deadline to the Committee Chairperson, Jean Miller. Use the following email address: jjermiller@aol.com

**The application requires use of Microsoft Word**. Press the tab key or mouse click to progress from one blank to the next. All blanks that apply to you must be complete.

REQUIRED DOCUMENTS:

1. Application form (included below).
2. There are two required narratives to complete on this form. Use the space provided.
3. Two (2) letters of recommendation from clergymen, teachers, employers or GFWC-WI club members, attached as jpg or pdf to the email.
4. Copy of transcript from most recently attended high school or college, attached as jpg or pdf to the email.

| GFWC-WI woman’s club of Pewaukee SCHOLARSHIP Application |
| --- |
| Answer all questions as completely and accurately as possible. all application materials must be sent via email per the instructions by mARCH 15, 2026 |
| Applicant Information |
| Name: Click here to enter text. | Email: Click here to enter text. |
| Current address: Click here to enter text. |
| City: Click here to enter text. | State: Click here to enter text. | ZIP code: Click here to enter text. |
| Date of birth: Click here to enter a date. | Home phone: Click here to enter text. | Cell phone: Click here to enter text. |
| high school student Educational data |
| Only complete this section if you plan to continue your education within a year of completing high school. |
| GPA: Click here to enter text. | Class rank: Click here to enter text. | Graduation date(mm/yyyy): Click here to enter text. |
| Name of college you will attend: Click here to enter text. | Have you been accepted? Choose an item. |
| Expected enrollment date(mm/yyyy ): Click here to enter text. | Is this a 2 yr. or 4 yr. college?Choose an item. |
| ADULT student educational data |
| Only complete this section if you are a student with a year or more since you have attended high school. |
| Name of college you will attend: Click here to enter text. | Have you been accepted? Choose an item. |
| Expected/actual enrollment date(mm/yyyy): Click here to enter text. | Is this a 2 yr. or 4 yr. college? Choose an item. |
| College GPA (*if applicable)*: Click here to enter text. | High School graduation date(mm/yyyy): Click here to enter text. | High School GPA: Click here to enter text. |
| financial needs statement (all applications) |
| Current employer (*if applicable*): Click here to enter text. |
| Employer address (*if applicable*): Click here to enter text. |
| Estimated cost for one year’s tuition and books (do not include room and board) Click here to enter text. |
| Cost percent likely paid by other scholarships or financial aid: Click here to enter text. | Cost percent likely paid by individuals other than you: Click here to enter text. | Cost percent likely paid by yourself: Click here to enter text. |

|  |
| --- |
|  SPECIAL needs statement If you would like special consideration for financial need, please cite extenuating financial circumstances. Please write a paragraph of explanation. Any financial/personal information in this section is kept STRICTLY *CONFIDENTIAL!* |
| Click here to enter text. |

|  |
| --- |
| Narrative Statement on educational objectives |
| Please compose an essay of 100-300 words stating your educational objectives, your choice of career, and plans for attaining your goal. This portion of the application is evaluated on writing skills and content. |
|  |
| Include any additional information that is important about your circumstances that would be valuable for the committee to know in evaluating the application. Click here to enter text. |

|  |
| --- |
| extra-curricular student and community activities |
| As a volunteer organization with a philanthropic emphasis, we place value on community activities. Please provide some examples of activities, along with the name of the organization and years of service. The GFWC-WI Woman’s Club of Pewaukee is especially interested in community service related to serving women and children. |
| Click here to enter text. |
| References |
| NOTE: A scanned copy of two letters of recommendation must be included in the email containing the application. For convenience of the reviewers, please provide the names and contact phone numbers of the references below. |
| Name | Phone |
| Click here to enter text. | Click here to enter text. |
|  |  |
| Click here to enter text. | Click here to enter text. |

|  |
| --- |
| Publicity release |
| As a public relations opportunity, the GFWC-WI would like the option to publicize the name of the recipients of the GFWC-WI Health Scholarship in the recipient’s local newspaper. Only the name, city, current school name and possibly the intended college/university name will be disclosed. NO FINANCIAL INFORMATION OR PERSONAL INFORMATION will be shared by GFWC-WI. Complete the section below if you agree to these terms that allow GFWC-WI to issue a press release or to share on social media. |
| Name of applicant’s area newspaper: Click here to enter text. |
| Newspaper street address: Click here to enter text. |
| City: Click here to enter text. | State: Click here to enter text. | ZIP Code: Click here to enter text. |
| **GFWC-WI or its local clubs may post information about granted scholarships on its website and/or on Facebook**. Choose an item. |
| Applicant eSignature: Click here to enter text.*(Type full name)* | Date: Click here to enter text. |
| Signatures |
| I certify that all information provided on this application is true and correct. In addition, I certify that I reside in the City or Village of Pewaukee, Waukesha County, Wisconsin. |
| eSignature of applicant: Click here to enter text.*(Type full name)* | Date: Click here to enter text. |
| eSignature of parent/guardian (only if applicant is a minor): Click here to enter text.(Type full name) | Date: Click here to enter text. |
|  |  |