



WOMEN HELPING STUDENTS SUCCEED

**WOMEN'S CLUB OF GREAT FALLS
SCHOLARSHIP FUND INC.**

P.O. BOX 611

GREAT FALLS, VA, 22066

WWW.WOMENSCLUBGFSF.ORG

SCHOLARSHIPFUND@WOMENSCLUBGFSF.ORG

The Women's Club of Great Falls Scholarship Fund, Inc. (formerly Great Falls and Neighbors Scholarship Fund) is pleased to offer a scholarship in the amount of \$2,500 for the 2024-2025 Academic Year. Below are specific criteria for the selection of the student.

Applicant must:

- **Be a student enrolled in the ADVANCE Program at George Mason University**
- Be an undergraduate or graduate student attending full-time or part-time
- A resident of Northern Virginia (Alexandria City, Arlington County, Fairfax County, Falls Church City, Loudoun County, Prince William County).
- Have a demonstrated record of academic success (3.0 GPA or higher).
- Demonstrate the need for financial support to attend school by submitting the verification form to the financial aid office and returning all required documents as a complete packet by the application deadline.
- Attach a resume.
- Submit a one-page biography stating educational background, program of study, plans for completing their degree, and how the financial support will assist in continuing their education and goals for the future. Our Fund is particularly interested in how this scholarship might assist in juggling a work/life balance by either raising children at home or supporting others in the family while academic goals are being pursued.

Please note any information given in your biography paper may be shared with the scholarship's donor, university officials and publications offices.

I have read and understand this statement:

Signature: _____ Date _____

Please apply by uploading this form, biography, resume and financial aid verification as a complete packet by: July 31, 2024 to: scholarshipfund@womensclubgfsf.org

- ONLY COMPLETED PACKETS WILL BE ELIGIBLE -

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INSTRUCTIONS:

Step 1: The student must complete Section 1 of this form.

Step 2: The student's Financial Aid Office must complete Section 2 of this form, and return to the student.

Step 3: The student must submit all required documents as a complete packet by the application deadline.

Section 1: Student Information

Student Full Name: _____ Date of Birth: _____
School Name: _____ Student ID: _____

**I grant permission to the school named above to complete this form with the required information on my behalf.*

Signature: _____ Date: _____

Section 2: Student Financial Aid and Information

Class Status: Freshman _____ Sophomore _____ Junior _____ Senior _____ Grad Student _____

Cumulative GPA: _____

Enrollment Status: Full-time _____ Part-time _____

Degree: Pursuing first bachelor's degree _____ Yes _____ No

Tuition	\$ _____	Pell Grant	\$ _____
Fees	\$ _____	SEOG	\$ _____
Books	\$ _____	State Grant	\$ _____
Room & Board	\$ _____	Loans	\$ _____
Transportation	\$ _____	Scholarship	\$ _____
Personal Expenses	\$ _____	Scholarship	\$ _____
Other Charges	\$ _____	Other Resources	\$ _____
Total	\$ _____	Total	\$ _____

Name of School Address

Office City State Zip Code

Signature of Authorized Representative

Title