2019 Glendale Woman's Club Scholarship
Instructions to Applicants

1. Undergraduate and graduate students may apply for this $1,500 scholarship.

2. Applicants must have had a break in their education of at least two consecutive years (immediately after high school graduation, or at any time while seeking an Associate, Bachelor’s or Master’s degree).

3. Applicants should be over 21 years of age.

4. Applicants must plan to attend UW-Milwaukee in the 2019 Fall semester. UWM records must indicate evidence of application or admission to UWM, re-entry, or eligibility to continue at UWM in Fall 2019 by this application’s due date.

5. Applicants should not leave any items blank. The Glendale Woman’s Club will review applications and select the recipient.

6. Applicants should clearly print their full name and add their signature to the end of their “Additional Information” statement.

7. Applicants must submit the signed Consent to Release (page 2) with their application materials (required).

8. Additional information such as a resume or reference letter may be submitted along with the application materials (optional).

9. Questions should be referred to the Scholarship Coordinator in the UWM Financial Aid Office and not to the Glendale Woman’s Club.

APPLICATION DUE DATE:  Monday, March 25, 2019
Note: This is the Monday after Spring Break Week

RETURN COMPLETED APPLICATION TO:

Coleen Dunlap, Scholarship Coordinator
UW-Milwaukee
Financial Aid Office
Mellencamp Hall 162
P.O. Box 469
Milwaukee, WI 53201-0469
cdunlap@uwm.edu
The Glendale Woman's Club is offering a scholarship valued at $1,500 to students over 21 years of age returning to study after a hiatus of at least two years. The grant will be sent to the school, to be awarded to the winner(s) who have completed the past semester with a grade point average of at least 2.5 (out of 4.0). The funds will be available for the fall semester following this current semester.

You may write on this sheet or type your responses on another sheet. Please follow the time lines and other directions provided by your Financial Aid Office.

Name: _________________________________________________ Today’s Date __________________
Home Address/City/State/Zip Code: ________________________________
Telephone #:  ________________________________ Date of Birth: ____________________________
High School / City and State/Graduation Date: ________________________________
College or University and Dates Attended (list all):
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
Vocational Goals:
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
Current Year in School and Expected Graduation Date:
_____________________________________________________________________________________
Honors Received/Dates:
_____________________________________________________________________________________
_____________________________________________________________________________________
Community Service/Dates of Service:
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
Work Record: (jobs, hours, dates employed)
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
Other Scholarships Received and Dates Awarded:
_____________________________________________________________________________________
_____________________________________________________________________________________
Additional Information: On a separate sheet of paper, tell us why you are deserving of this scholarship, and why you need financial aid. Please be specific.
Release and Certification:

My signature hereby authorizes the Scholarship Coordinator in the UW-Milwaukee Department of Financial Aid to release my complete scholarship application, including any attachments, to the members of the Glendale Woman’s Club Scholarship Selection Committee.

I understand all information I have provided will be treated confidentially and used only for consideration by the Scholarship Selection Committee.

I understand that if I am selected as the recipient of this scholarship, the Glendale Woman’s Club will contact me and I will be asked to submit proof of my grades and/or academic transcript in order to verify a GPA of 2.50 or higher in the most recent semester I have completed.

I understand that if I am selected as the recipient of this scholarship, the funds will be sent to UWM for my attendance in the upcoming fall semester.

I certify that I have provided accurate information on my application for the Glendale Woman’s Club Scholarship. I understand that I must be enrolled at UW-Milwaukee in the fall semester of the upcoming academic year in order to receive this scholarship award, if I should be chosen as a recipient.

___________________________________________________________________________________
Print First and Last Name                                               Student’s Signature and Date