



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 2023-2024 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, and Prince William County).
- Have a demonstrated record of academic success (3.0 GPA or higher).
- Demonstrate 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, 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 either raising children at home or supporting others in the family while academic goals are being pursued.

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

I have read and understand this statement:

Signature: \_\_\_\_\_ Date \_\_\_\_\_

Return this form, biography, resume and financial aid verification as a complete packet (1 PDF) by:

June 30, 2023 to: scholarshipfund@womensclubgfsf.org

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**One Page Biography**

Name:\_\_\_ Student ID#:\_\_\_\_\_

**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

[Insert Resume]