THE WOMAN'S CLUB OF ESSEX COUNTY SCHOLARSHIP APPLICATIONS

We offer three scholarships. This application will be used to determine the winners of all three.

Name			
Birth Date	PhoneNo*		_ SSN*
Parents' names			
Father's occupation		Salary _	
Mother's occupation		Salary _	
Total Family income:			SAT/ACT Scores
Number and Ages of De	ependents in family		
College you plan to atte	end		
Address of College			
Major and minor you ha	ave chosen		
Have you met the admission standards Have you been accepted?			
NARRATIVE: On a sep	arate sheet of paper	r, Please de	escribe your qualifications for the

Please include with your application: A letter of recommendation from a faculty member, your transcript, and a photograph. A member of the Woman's Club of Essex County, GFWC, will contact Essex High School to make arrangements for a personal interview if possible

Please send your application information to the Guidance Counselor at your High School by April 15, 2024, or send application and information directly to viarsmj@va.metrocast.net Counselors should send applications and paperwork to the same address.

Scholarships. Include your reasons for requesting financial aid, your school activities, your academic and social accomplishments, your community involvement, and your reasons for

choosing your college major.