



DEMOCRATIC WOMEN'S CLUB OF FLORIDA, INC.
SCHOLARSHIP AWARD RULES AND REQUIREMENTS

1. Applicant must be male/female, 18 years of age by May 1 of the current year.
2. Applicant must be a registered Democrat in the state of Florida.
3. Applicant must have earned a 3.0 (B) or higher, grade point average in high school and to date, if in college.
4. Applicant must demonstrate some financial need, as follows:
 - a. Indicate how this scholarship will benefit you in the coming year.
 - b. List any other scholarships or grants already received. (Such grants will NOT preclude your receiving this award if the scholarship committee considers you a worthy recipient.)
5. Applicant must submit the following with Application Form:
 - a. Copy of Voter's Registration card.
 - b. Official transcript of credits from high school or college where you are currently enrolled.
 - c. An essay (typed) on the following subjects. (The Importance of the American Political System.)

Essay must be at least than 150 words but not more than 250 and should NOT mention specific candidates.
 - d. Three letters of recommendation from any of the following: civic leaders; political leaders; academic personnel who are familiar with your abilities and achievements.

DEMOCRATIC WOMEN'S CLUB OF FLORIDA, INC. ENDORSEMENT SECTION:

6. Applicant must obtain the sponsorship of ONE of the following, with signature.
Democratic Women's Club Local President

Phone: _____ Signature: _____

OR

Democratic Women's Club of Florida, Inc. Region Chair

Phone: _____ Signature: _____

Return Applications and all necessary Documents



DEMOCRATIC WOMEN'S CLUB OF FLORIDA, INC.

SCHOLARSHIP APPLICATION

SCHOLARSHIP IN POLITICAL SCIENCE PREFERRED BUT NOT REQUIRED

*Applicant: Before filling out this form, please **read RULES.***

Name (First, Middle or Initial, Last): _____

Social Security #: _____ Date of Birth: _____ Place of Birth: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Campus Address (if applicable): _____

Home Phone: _____ Campus Phone (if applicable): _____

Cell Phone: _____ Email: _____

High School (Name, Location) Where you were graduated or will be graduated: _____

Florida College or University where you are now enrolled or plan to enroll (No out of state schools accepted): _____

Current or Propose Major: _____

Career Goal or Goals: _____

Academic or other Honors (High School/College): _____

Extra-Curricular and/or Community Activities: _____

Statement of financial need (Check #4 on SCHOLARSHIP AWARD RULES AND REQUIREMENTS before completing):

POLITICAL ACTIVITIES, DEMOCRATIC **PARTY** (Campaign Work, Memberships, Offices Held etc.):

