



Fort Bend Republican Women



Federated in 1974

2021 Scholarship Application

Fort Bend Republican Women's Club

The Fort Bend Republican Women's Club PAC offers a \$1,000 Scholarship to young women (ages 17-22) planning to attend, or attending, college, technical school, or other certified educational pursuits. This scholarship is merit based, with the essay being the determining factor. Grades may be a factor only in the case of a "tie."

The deadline for submission of all materials is by 11:59 p.m. on May 15, 2021. Applications received after the deadline will not be considered.

Requirements:

- *Applicant must be a female who can provide proof of residency in Fort Bend County, Texas.*
- *Proof of status as student enrolled in an accredited high school, undergraduate or professional program. If the student is a high school student who is homeschooled, the applicant must provide proof of enrollment status by submitting a Verification of Enrollment and Attendance Form (VOE) provided by the Texas Education Agency.*
- *Completed application form with all required attachments is required for consideration.*
- *Copy of high school or post-secondary transcript with certified GPA of at least 2.5/4.0 or equivalent.*
- *All Information must be submitted electronically by May 15, 2021 and emailed to:*
Scholarship.fbrwc@gmail.com
- *Applicants age 18 and over must be registered to vote.*

The application and supporting information become the property of the Fort Bend County Republican Women's Club PAC. The scholarship recipient is required to attend the FBRWC meeting when the scholarship will be officially awarded (currently anticipated to occur in August 2021). A letter providing club information and meeting time/location will be sent to the recipient.

Please submit the completed application and required supporting documents, electronically to Scholarship.fbrwc@gmail.com no later than May 15, 2021. Upon receipt of documents, you will be sent a confirmation email. If no confirmation email is received within 48 hours, please call 281-794-9376 and leave a message for verification.

Questions, please contact: Scholarship.fbrwc@gmail.com



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- Please note Field sizes are restricted - if you need additional space, please attach an additional page(s) to this application.

I. Personal Information	
Name	
Address:	
City and Zip:	
Cell Phone	
Birthdate	
If 18 or older, are you registered to vote?	
If a minor student:	
Are you a u.s. citizen?	
Parent Name(s):	
APPLICANT Signature:	
Facebook and/or Instagram USERNAME – for vetting purposes	

II. Educational Background: Provide information on High School(s) and University or College(s) attended		
School	LOCATION	DATES ATTENDED

III. Finances (provide best estimate if you are unsure about specific dollar amounts)	
Student's gross annual income*	
Amount of Savings for Student Education	
Loans / Scholarships Confirmed	
student anticipated financial responsibility	
Student Tuition expenses	
Student Books / Supplies expenses	
Room & Board	
Other expenses	

*If student is a minor, provide Parent Annual Income.



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PART IV – EXPERIENCE RESUME:

Please attach a one-page resume listing your work experience, specific community service and non-academic activities. For verification purposes, please include dates, Supervisor / club sponsor name(s), and contact information where relevant.

PART V – ESSAYS:

Write a narrative (a minimum of 750 words) on one of the Topics below (Essays should be typed, not handwritten):

1. Topic A: Reflect on your life so far. Who or what has been the greatest influence on your life and why?
2. Topic B: How have conservative/Republican values impacted your life or the lives of those around you? Please explain.
3. Topic C: Describe your thoughts on ONE of the following topics:
 - The power to lead begins with the individual.
 - The importance of the U.S. Constitution.
4. Topic D: Describe why you love being an American. Be specific. Use your own words and examples.

PART VI – REFERENCE LETTER:

Attach one letter of reference from a spiritual leader, school official, recent employer or non-family member.

AFFIRMATION:

If there are any changes to my educational plan, I will notify the FBRWC Scholarship Chair Scholarship.fbrwc@gmail.com of those changes as soon as possible. I agree that I will abide by the conditions of acceptance for the granted award and will participate in an interview process, if requested. I agree to permit the FBRWC to use my name and photo for publicity and promotional purposes, including on social media.

The information provided in this application is, to the best of my knowledge, complete and accurate in its entirety. I understand that incomplete or inaccurate applications will not be considered for a scholarship. I also understand this information will be reviewed and may be verified by the FBRWC Scholarship Committee, if necessary.

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____

Parent signature required if under 18 years old.