



## GLASSBORO ORCHID CLUB

# 2026 Scholarship Application



Ms. Anna Miller, Club President  
Mrs. Terri Robinson, Education Chairperson

**PO BOX 476  
GLASSBORO, NEW JERSEY 08028**

*THE GLASSBORO ORCHID CLUB was organized in 1963. The Glassboro Orchid Club is a member of the National Association of Colored Women's Clubs, Inc., the oldest African American Women's Organization in the country founded in 1896 and the New Jersey State Federation of Colored Women's Clubs, Inc.*

## Scholarship Application Guidelines

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### Criteria for consideration:

1. Applicant must be an African American senior high school student.
2. Applicant plans to attend a four (4) year university or a two (2) year college.
3. Applicant shows involvement in the following areas: school, community and religious activities.
4. GPA, ACT and SAT Scores considered.

### This application must be accompanied by the following:

1. An official transcript of your high school record from the high school counselor
2. Two (2) letters of recommendation one from your high school counselor and the other from an individual not related to you.
3. Copy of letter of acceptance from the college you will be attending
4. **300-word (Minimum) essay to include the following: 1. Tell us about yourself, 2) What are your goals and career objectives? 3) Why do you deserve this scholarship? 4) Who's been your biggest influence or inspiration**
5. The application deadline receipt is **Friday, March 27, 2026**.  
The scholarship award minimum is - \$500.00. A potential Book award may be awarded at a minimum of - \$250.00.

**\*\*\*Send completed applications to: Glassboro Orchid Club, Education Committee, PO Box 476, Glassboro, NJ 08028\*\*\***

### Additional Requirements:

**Recipient is requested to attend** the Annual Orchid Club Scholarship Luncheon for the formal scholarship presentation on **Saturday, May 9, 2026**, 11 a.m. at the Holiday Inn, 1 Pureland Drive, Swedesboro, New Jersey 08085.

**SCHOLARSHIP APPLICATION**

**Applicant Information:**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Email \_\_\_\_\_

**Education Background: \*\*\*Use separate sheet of paper if needed\*\*\***

High School Attending \_\_\_\_\_

Address \_\_\_\_\_

Honors/Awards \_\_\_\_\_

Office(s) Held \_\_\_\_\_

School Activities \_\_\_\_\_

Other \_\_\_\_\_

**College Information:**

Have you applied for admission to any Universities or Colleges(s)? \_\_\_\_ If yes, please list below and indicate if you have accepted:

\_\_\_\_\_ Accepted \_\_\_\_\_

\_\_\_\_\_ Accepted \_\_\_\_\_

\_\_\_\_\_ Accepted \_\_\_\_\_

Indicate which University or College you plan to attend:

\_\_\_\_\_

Address \_\_\_\_\_

Career Choice \_\_\_\_\_

Semester Start Date: \_\_\_\_\_

**Family Information (Please provide Parent(s) or Legal Guardian(s) information):**

Name, Address, Phone and Email: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Names of family members and relationship residing in the home**

Name	Relationship

**List Community, Church and/or other activities:**

Community	Church	Other activities

\*\*\*Use separate sheet of paper for additional activities\*\*\*

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**NOTE: INCOMPLETE APPLICATIONS AND APPLICATIONS RECEIVED AFTER DEADLINE WILL NOT BE CONSIDERED FOR SCHOLARSHIP. AWARDED RECIPIENTS WILL BE NOTIFIED BY FRIDAY, APRIL 10, 2026.**