

Applicant's Name _____

General Federation of Women's Club of Kankakee Scholarship 2026

The General Federation of Women's Club is an International Woman's Organization, dedicated to community improvement by enhancing the lives of others through volunteer service. Founded in 1890, The General Federation of Woman's Club, has grown to over 60,000 members in affiliated clubs in every state, the District of Columbia, and more than eight countries, GFWC members work in their own communities to support the arts, preserve natural resources, advance education, promote healthy lifestyles, encourage civic involvement, and work toward world peace and understanding.

The Woman's Club of Kankakee scholarships are for Kankakee County graduating seniors based on outstanding academic record and leadership, financial need, and goals to graduate from a post-secondary institution.

REQUIREMENTS FOR THE GFWC WOMANS CLUB OF KANKAKEE SCHOLARSHIP 2026

A. APPLICANT MUST

1. Be graduating from an accredited High School in Kankakee County.
2. Be a Citizen of the United States and have lived in Kankakee County for at least one year at the time of application.
3. Be scholastically in the upper 25% of his/her class.
4. Demonstrate financial need.
5. Document leadership in school and community organizations on separate sheet
6. Letter of acceptance at an accredited United States University/college. and enrollment in a course of study that will lead to a baccalaureate degree.
7. List of other scholarships applied for or received.

B. The following must be complete before an applicant can be considered for this scholarship.

A complete scholarship application must be submitted in a large manila envelope and must include all of the following.

1. Your personal information
2. Essay
3. Parent/guardian's information
4. An official high school transcript in a sealed envelope.
5. Letter of recommendation from a high school teacher or counselor in a sealed envelope.
6. Personal letter of reference.

The entire application must be submitted to the following Scholarship Committee Chair by March 15, 2026. (Postmarked on or before March 15, 2026. All incomplete or a late application will NOT be considered for this scholarship.

MAIL TO: Bonnie Brewer /Scholarship Chairman
860 North River Drive
Kankakee, IL 60901

Letter of Recommendation from a Teacher or Counselor

Applicants Name _____

Part 1: Student Information (To be completed by the student)	Please complete all information in this column. This page must be typed.
Name	
Street Address City, Zip	
Phone	
E-mail	
Date of Birth	
High School where you will graduate	
Number of students in graduating class	
Class Academic Rank	
High School Counselor	
College/University where you will Attend	
Your planned major(s)/minors(s)	
Your planned future career(s)	
University Student Number *	
College/University Registrar's * Complete Address	

*(required to send payment and for verification of student's acceptance and attendance with Admission Office.)

To be completed by a teacher/counselor	Please complete all information in this column. Please type.
Applicant's Name	
Name of Teacher/Counselor completing the recommendation	
Phone Contact Information (Please include area code for all ten digits)	
E-mail	
Signature	
Date	

Applicant's Name _____

Please check the above box to show that a student has attached an official transcript in a sealed envelope with his/her application.

Please check the box to show that a letter of recommendation for the student is enclosed in a sealed envelope.

Please, write your recommendation on the following page, which should include pertinent information validating the student's academic record, character, leadership, special talents, and involvement in school and community organizations.

Make certain the sealed envelope containing the transcripts with the student's name on the outside and the sealed recommendation envelope containing the student's name on the outside along with all of the required signatures are attached prior to sending all of the information in one large 8 by 14 manilla envelope.

Applicant's Name _____

APPLICATION: This part must be typed, dated and signed.

Counselors or Teachers Signature _____

Name of Father/Mother or Guardian	
Business of Employment	
Position or Title	
Years Employed	
Financial Difficulties/Hardships/Obligations	
Signature of Father/Mother or Guardian	
Date	

Applicant's Name _____

Student's Essay
(To be completed only by the student applicant. This essay must be typed and signed.)
Please include: <ol style="list-style-type: none">1) Your high school academic and leadership achievements2) Your involvement in school and community organizations3) Your university and career goal4) An explanation of how you would benefit from this scholarship5) Feel free to include any other pertinent information

Signature of Student _____