

WEST SENECA WOMAN'S CLUB

SCHOLARSHIP APPLICATION

Please read this application carefully and complete it to the best of your ability. Print all information legibly on this form. No other pages will be judged. Please do NOT send letters of recommendation.

An official school transcript must be included with this application.

Each year the West Seneca Woman's Club awards at least three (3) scholarships to deserving high school seniors who are either residents of the Town of West Seneca or attend a school located in the Town of West Seneca. Upon presentation of proof of enrollment, a cash award will be distributed (half for the Fall Semester and half for the Spring Semester).

Since we are a community service organization, preference will be given to students who have actively participated in community involvement and have a financial need.

Completed applications must be received by March 18, 2027. *WSWC is not responsible for misdirected or undeliverable applications.*

Completed scholarships can be mailed to:

West Seneca Woman's Club
Scholarship Application
P.O. Box 102
West Seneca, NY 14224

Or Emailed to:

wswcscholarships@gmail.com

NAME: _____

ADDRESS: _____

HOME PHONE: _____ CELL: _____

DATE OF BIRTH: _____ MALE _____ FEMALE _____

FATHER'S NAME: _____

MOTHER'S NAME: _____

APPLICANT SIGNATURE: _____

PARENT(S) SIGNATURE: _____

HIGH SCHOOL ATTENDING: _____

HIGH SCHOOL ADDRESS: _____

GUIDANCE COUNSELOR: _____ PHONE: _____

FATHER'S OCCUPATION: _____ ANNUAL SALARY _____

MOTHER'S OCCUPATION: _____ ANNUAL SALARY _____

AGE(S) OTHER DEPENDENT CHILDREN IN YOUR FAMILY: _____

ARE ANY OTHER DEPENDENT FAMILY MEMBERS ATTENDING COLLEGE? _____
IF SO, WHICH COLLEGE _____

COLLEGE/UNIVERSITY YOU WILL ATTEND: _____

MAJOR AREA OF STUDY: _____

TUITION COST _____ ROOM/BOARD _____

OTHER EXPENSES: _____

HOW WILL YOU FINANCE YOUR EDUCATION: _____

_____

ANY SPECIAL CIRCUMSTANCES WE SHOULD CONSIDER:

_____

HIGH SCHOOL GPA: _____ CLASS RANK (JR YEAR) _____

SCHOOL CLUBS/SPORTS:

_____

_____

_____

SPECIAL AWARDS AND ACHIEVEMENTS:

_____

_____

NON-SCHOOL ACTIVITIES:

_____

_____

SCHOOL RELATED VOLUNTEER WORK: Please indicate TOTAL hours.

ORGANIZATION ACTIVITY HOURS SUPERVISOR CONTACT INFO

_____

_____

_____

_____

COMMUNITY VOLUNTEER WORK: Please indicate TOTAL hours.

ORGANIZATION ACTIVITY HOURS SUPERVISOR CONTACT INFO

_____

_____

_____

_____

_____

ARE YOU EMPLOYED? YES or NO

EMPLOYER: _____

HOURS PER WEEK: _____ SALARY: _____

OTHER SCHOLARSHIPS APPLIED FOR: _____

_____

_____

IS AN OFFICIAL TRANSCRIPT INCLUDED WITH YOUR APPLICATION? YES or NO

PLEASE WRITE OR ATTACH A SHORT ESSAY ON YOUR PERSONAL GOALS, INTERESTS AND REASON FOR APPLYING FOR THIS SCHOLARSHIP: