

**Church Women United  
of  
Lakeland, Florida**



**March 1, 2019**

**Dear Counselor,**

**Enclosed is a copy of an application for scholarship funds for a qualified female student, which is offered by Church Women United (CWU) of Lakeland, Florida.**

**Will you please publicize this award to your senior girls? If any are interested, please make a copy of the application form to give to each one.**

**April 5, 2019 is the deadline for applications.**

**A letter of acceptance from the college or university must accompany the application.**

**We will advise those selected to receive the scholarships of the date, time and place that the presentations will be made.**

**If you have any questions, please call Kathy Swanson at 863-688-6847.**

**Thank you.**

**Sincerely,**

**Kathy Swanson, Scholarship Chairperson  
CWU of Lakeland Florida  
1313 Robert King High Drive  
Lakeland, FL 33805-2641**

CHURCH WOMEN UNITED of LAKE LAND, FLORIDA  
MARTHA CLEMENTS SCHOLARSHIP FUND APPLICATION

PERSONAL INFORMATION

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Social Security Number \_\_\_\_\_ Telephone \_\_\_\_\_

Marital Status \_\_\_\_\_ Age \_\_\_\_\_

Father's Name \_\_\_\_\_ Occupation \_\_\_\_\_

Employed by \_\_\_\_\_

Mother's Name \_\_\_\_\_ Occupation \_\_\_\_\_

Employed by \_\_\_\_\_

Home address \_\_\_\_\_

Number in your family(brothers/sisters) \_\_\_\_\_

Husband's name (if applicable) \_\_\_\_\_

Number of dependent children you have \_\_\_\_\_

Church Affiliation \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_ Zip Code \_\_\_\_\_

SCHOLASTIC INFORMATION

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

Address \_\_\_\_\_

Graduation Date \_\_\_\_\_ Cumulative HS Scholastic average \_\_\_\_\_

College Courses \_\_\_\_\_

\_\_\_\_\_

ACTIVITY/EXPERIENCE

List below, school, community, church and other activities/experiences:

<u>Activity</u>	<u>Office held/honor received</u>	<u>Date</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

OTHER

Please attach to the application the following:

1. A letter from you explaining your future goals and how you plan to use the scholarship money.
2. Official copies of results of any S.A.T. or A.C.T. tests you have taken in high school.
3. Request an official copy of your high school/college transcripts to be sent to the Scholarship Committee contact person.
4. Attach three references to application: Personal, Professional and Work.

I hereby certify that I have completed these forms and that the information and credentials submitted in support of this application are complete and accurate. Date \_\_\_\_\_

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

I certify that this application and certification are made with my consent. The information is complete and correct to the best of my knowledge. Date \_\_\_\_\_

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

Send application to CWU of Lakeland Contact Person

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_ Date \_\_\_\_\_

MUST BE SUBMITTED BEFORE April 5 of year of Application.

24. Return to: Kathy Swanson  
1313 Robert King High Dr  
Lakeland Fla 33805