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| The General Federation of Women’s Clubs New Hampshire (GFWC NH) is a leader in the fight to end domestic, sexual and intimate partner violence. To emphasize our dedication in tackling this societal issue, GFWC NH has developed this scholarship which will be offered twice a year for up to $2,000.00.  Scholarships will be awarded to help survivors of domestic, sexual or intimate partner violence in obtaining a post-secondary education that will offer them the chance to reshape their future by securing employment and gaining personal independence. We believe survivors deserve more and we know their lives can change with a little help from GFWC NH.  Candidates must be enrolled or planning to enroll at an accredited public or private post-secondary school, including  community colleges, technical schools, and four-year universities. Applicants should check with their school enrollment or financial aid office to confirm accreditation. Applicants also may visit the U.S. Department of Education website at[*https://www.ed.gov/accreditation*](https://www.ed.gov/accreditation)*.* Scholarships are for post-secondary study only. Scholarship checks will be issued to the educational program after successful completion of the semester. |
| **ELIGIBILITY** |
| Candidates must meet all the following eligibility requirements to apply:   * Survived domestic, sexual or intimate partner violence within their lifetime. * Citizen or permanent legal resident of NH. * Enrolled or planning to enroll at an accredited public or private post-secondary or vocational institution.   Candidates may apply more than once. |



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| **RECOMMENDATION** |
| The person making this recommendation must attest to supporting the applicant by completing the recommendation agreement form and return it to the candidate for submission as part of the scholarship application. (See page 5) |
| **NOTICE OF NONDISCRIMINATION** |
| The Go Forth with Confidence NH Scholarshipdoes not discriminate in its selection policy, programs, or activities on the basis of race, gender, color, creed, disability, national/ethnic origin, age, religion, sexual orientation, or disabled veteran/Vietnam era veteran status. |
| **APPLICATION AND DEADLINES** |
| To be considered for the scholarship, applicants must submit a completed application and **all requested materials collectively including:**  Completed Go Forth With Confidence NH Scholarship application  At least one reference letter with the option of a second letter  Completed applications and requested materials must be emailed or postmarked to GFWC NH by April 1 OR October 1.  ***\*\*Once application is submitted, you will receive a confirmation of receipt within 5-10 business days, if you do not receive this confirmation, please contact***  [info@gfwcnh.org](mailto:info@gfwcnh.org)  All applications and materials should be emailed or sent by postal mail to:  [info@gfwcnh.org](mailto:info@gfwcnh.org) (Include “ Go Forth With Confidence Scholarship” in the subject line)  ***OR***  Go Forth With Confidence NH Scholarship  c/o GFWC NH  855 Hanover Street  Box # 131  Manchester, NH 03104  All information contained in this application will be handled confidentially.  Incomplete applications will not be considered. |
| **Important Dates** |

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| January 1 | *Go Forth With Confidence NH Scholarship* OPEN |
| April 1 | Application deadline |
| May 15 | Recipients notified |
| July 1 | *Go Forth With Confidence NH Scholarship* OPEN |
| October 1 | Application deadline |
| November 15 | Recipients notified |



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| **APPLICANT INFORMATION-ALL FIELDS REQUIRED** | | | |
| Name: | | | |
| Date of Birth: | |  | |
| Mailing Address | | | |
| City: | | State: | Zip Code: |
| Primary Phone: | Secondary Phone | Email: | |
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| Student Identification Number (if available): | | | |
| Are you a citizen or permanent legal resident of NH? Yes: No: | | | |
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| **My Education History** | | | | | |
| **Name of School** | **City, State** | **Dates of Attendance**    **Start End** | | **Major Subject/course and Degree Earned** | **Date of Graduation** |
| High School or GED |  |  | |  |  |
| College |  |  | |  |  |
| College, University or vocational training program address to which you would like to apply the scholarship, if awarded: (Financial Aid/Accounts Payable Office) | | | | | |
| **My Education Goal** | | | | | |
| Degree/diploma/certificate/license/trade sought: | | | | | |
| Are you currently enrolled in an eligible program? (see page 1) | | *Yes* | No | | |
| Anticipated graduation date: | | | | | |
| List classes you are intending to take in the upcoming term: (Optional, if not known): | | | | | |
| **Course No.** | **Course Name** | **No. of Credits** | **Start Date** | **End Date** |
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| **QUESTIONNAIRE** |
| *Each answer should not exceed 500 words. Use additional pages if necessary.* |
| Explain your educational goals and how this scholarship will help you achieve them. |
| List and explain your career goals. |
| We all face challenges in our lives, what insight can you give us that helped you during a challenging time and how that process will influence you in the future? |

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| **To the Applicant:**  *The purpose of this confidential agreement is to assist GFWC NH in assessing your scholarship application. Any information shared will be treated with discretion and respect.*    Signature of Candidate Date |

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| **REFERENCE(S)** *(1 reference is required; a second is optional)* |
| Return this form to GFWC NH as part of your application. Letter(s) of recommendation must be included with your application. |
| Candidate’s Name |

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| **Reference #1** | | |
| Name: | Relationship to Applicant: Applicant’s Residential Assistant | |
| Address: | | |
| City: | State: | Zip: |
| Phone: | Email: | |

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| **Reference #2 (Optional)** | | |
| Name | Relationship to Applicant | |
| Address | | |
| City | State | Zip |
| Phone | Email | |

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| **RECOMMENDATION/REFERENCE** *(you may use additional paper, if desired)* |
| How long have you known the applicant? |
| What is your understanding of the applicant’s educational goals? |
| Please describe why you would support this applicant to receive this scholarship award. Speak to your knowledge of the **applicant’s motivation, capability, and commitment to their career goals.** |
| **Name of Reference:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature Date |
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