**Montgomery Woman’s Club, Inc.**

**Instructions for Undergraduate Grant Applications**



1. The Montgomery Woman’s Club, Inc. (MWC) Undergraduate Grants will be awarded to undergraduate students whose legal residence is in the Sycamore Community School District. Grants will be used to aid individual students to further their education at accredited universities, colleges, schools of nursing, music, art or technical schools.
2. All of the following categories will be considered in determining grant recipients:

* + - Financial need – **A COMPLETE EXPLANATION OF FINANCIAL NEED IS REQUIRED** • Grade point average – at least 3.0 on a 4.0 scale or equivalent.
		- Letters of recommendation – at least two from adults other than relatives.
		- Community service
		- Extracurricular activities
		- Attitude and determination to succeed.
1. Completed applications must be received by the MWC Scholarship Chair by **February 12, 2025,** at the following address:

Phyllis Robertson

9177 Pinewood Drive

Loveland OH 45140

Phone# 513-677-8568

E-mail: phylrobe@hotmail.com

1. Each application must be accompanied by an official transcript, including the 2024 fall semester/quarter, provided by the registrar’s office. The transcript may be sent separately. **It is the student’s responsibility to make sure that the transcript is mailed to the Scholarship Chair in time to meet the February 12, 2025, deadline**. Since frequently there is a delay of several weeks between a student’s request for a transcript and the actual mailing by the registrar’s office, we suggest that you start the process early. You may call the Scholarship Chair at 513-677-8568 if you wish to make sure your transcript has arrived.
2. **Please read and comply with these instructions. Incomplete applications will not be considered.**
3. Grants must be used ONLY for tuition and /or room and board provided through the school. Students who receive other scholarships or grants which pay these expenses in their entirety are not eligible for a Montgomery Woman’s Club grant. Checks will be made payable to the school of choice and sent to the individual student. Grants must be used during the 2025/2026 school year. Grants are to be used only in the USA.
4. The scholarship judges change from year to year. If you are re-applying for a grant, do not assume that the judges know your circumstances. **Tell your entire story each year. It is to your advantage to be as** **honest and candid as possible. Please supply as much information as you can. All information received is confidential.**

**Montgomery Woman’s Club, Inc. Application 2025/2026 School Year**

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1. **Full Name of Applicant**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. **Home Address**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. **Home Phone number**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. **e-mail**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. **Applicant’s School address**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
6. **School phone number**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **School e-mail:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
7. **School I.D.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
8. **Parents’/Legal Guardian’s Names and Addresses etc.:**

Mother/ Legal Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Father/ Legal Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Mother/legal guardian’s occupation: Father/ legal guardian’s occupation:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother’s Current Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Father’s Current Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of Years: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Number of Years: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of dependent children: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Ages: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. How many members of your immediate family, including yourself, will be attending college or any other educational institutions charging tuition in 2025/2026? \_\_\_\_\_\_\_\_\_\_\_
2. **Name of college or university applicant is currently attending**:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Course of study/Major \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_GPA: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Current standing: ( ) Freshman; ( ) sophomore; ( ) Junior

9. What is your career goal after graduation?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

10. Do you plan to attend graduate school? \_\_\_\_\_\_Yes/No\_\_\_\_\_\_\_\_

Course of study/Major \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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|  MWC Undergraduate Grant Application Page 2  |
| **11. Financial Information:** |  |  |  |
| **Annual anticipated college expenses** | **Amount** | **Annual anticipated income** | **Amount** |
| Tuition |  | Family Contribution |  |
| Room/Board |  | Student's Contribution |  |
| Books & Supplies |  | Financial aid (list below) |  |
|  |  |  |  |
|  |  |  |  |
| Personal Expenses |  | Grants (list each below) |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| Other Expenses (list below) |  | Scholarships (list each below) |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  | Loans |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  | Work Study |  |
|  |  |  |  |
| **Total anticipated expenses** |  | **Total anticipated income** |  |
|  |  |  |  |
|  |  |  |  |
| 11(a**) Employment**: hours worked per week in summer: hours worked per week in school year: |    |
| **11 (b) Special Circumstances** |
| **In addition to the financial information given above, on a separate sheet of paper, write a paragraph describing your financial situation, including any special circumstances such as illness, parent's recent loss of employment, divorce,etc.**  |
| **Please enclose proof of parents' income if available.** |
|  |
| **A complete explanation of financial need is required. All information received is confidential.** |

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# MWC Undergraduate Grant Application

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Dates (most recent first)

Activity/Groups

13. **Awards/Honors: Dates**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**VERIFICATIONS**

1. I certify that the information given here is the entire truth and that my primary residence is in the Sycamore Community School District.
2. I understand that the grant is payable to the school **only** for tuition and/or room and board provided by the school and that the grant must be used during the 2025/2026 school year.
3. If my financial situation changes, I will immediately inform Montgomery Woman’s Club, Inc. Scholarship Chair.
4. If I am a recipient of this grant, I authorize Montgomery Woman’s Club, Inc. to publish my name in news releases.

Signature of applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**All sections of this application must be completed; failure to comply will result in rejection.**

**This application form, most recent transcript and 2 (two) letters of recommendation must be received by the MWC Scholarship Chair by February 12, 2025.**

**Phyllis Robertson, phylrobe@hotmail.com**

**9177 Pinewood Drive**

**Loveland, OH 45140**