

Georgia Tech Faculty Women's Club

2017 SCHOLARSHIP APPLICATION

For Academic Year 2017-18

Applicant must be a Georgia Tech undergraduate and have a parent/guardian permanently employed by Georgia Tech or by an organization recognized as an affiliated organization by the GT Office of Legal Affairs and Risk Management.

Please type or print:

Name: _____ Phone #: _____

GT PO Box # or local address: _____

Email: _____ Overall GPA: _____ Latest Semester GPA: _____

Anticipated Graduation Date: _____ Degree to be received: _____

Your Permanent Mailing Address:

Your Parent/Guardian's:

Name: _____ Phone #: _____

Position at GT: _____

GT Department or Unit: _____

What other scholarships or financial aid (list sources and amounts) will you receive or expect to receive?:

NAME OF SCHOLARSHIP / TYPE OF AID	AMOUNT	NAME OF SCHOLARSHIP / TYPE OF AID	AMOUNT
1.	\$	4.	\$
2.	\$	5.	\$
3.	\$	6.	\$

Where/How did you or your parents hear about the scholarship? Please be as specific as possible: _____

Are you a previous GTFWC Scholarship Recipient? YES NO

Important: Essay, Official Transcript, and Signed Application

must be received by February 28, 2017

1. **ESSAY:** Attach a three-paragraph essay (1-2 pages total) that describes the following: your academic studies and plans for the future, your interests and activities in the Georgia Tech community and beyond, and why financial assistance is important to you.
2. **TRANSCRIPT:** *Applicants must have completed at least one full semester at GT.* Submit your official GT transcript (electronic OR paper). Official ELECTRONIC transcripts must be issued directly to the Scholarship Chair from the Registrar's Office; forwarded transcripts will not be accepted. Official PAPER transcripts must be in the *original, sealed envelope* from the Registrar's Office; opened or photocopied transcripts will not be accepted.
3. By signing this, I agree to grant GTFWC the authority to verify with the appropriate Georgia Tech office any information on this application. If selected, I grant permission to use my name and/or likeness in GTFWC publications and agree to submit a photo. I hereby swear and affirm that the above and attached information is complete and accurate.

Signature: _____ Date: _____

Send via US Mail OR via Email (signed and scanned) to the Acting GTFWC Scholarship Chair:

Judy Willis, 3505 Buffer Way, Powder Springs, GA 30127 OR judy.willis@gatech.edu

Questions? E-mail judy.willis@gatech.edu or refer to <http://gtfwc.gatech.edu>