



# 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 submitted as a PDF by March 13, 2025.**

*WSWC is not responsible for misdirected or undeliverable applications.*

Completed scholarships can be mailed to:

Or Emailed to:

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

[wswcscholarships@gmail.com](mailto: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:**

**ORGANIZATION      ACTIVITY      HOURS      SUPERVISOR      CONTACT INFO**

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**COMMUNITY VOLUNTEER WORK:**

**ORGANIZATION      ACTIVITY      HOURS      SUPERVISOR      CONTACT INFO**

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**ARE YOU EMPLOYED? EMPLOYER:** \_\_\_\_\_

**HOURS PER WEEK:** \_\_\_\_\_ **SALARY:** \_\_\_\_\_

**OTHER SCHOLARSHIPS APPLIED FOR:** \_\_\_\_\_

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