WOMEN’S CLUB OF ROSENDALE

(DOLORES FRESESE)

SCHOLARSHIP

$750.00

The decision regarding bestowing this award is based on merit and financial need. One $750 scholarship will be awarded by the Women’s Club of Rosendale to a graduating high school senior who resides in the Town of Rosendale and will attend an accredited two or four year college in Fall 2024. The scholarship can be used for tuition or books and fees.

Application deadline: Application must be received by Friday, April 12, 2024. Allow sufficient time for mail delivery.

MUST BE A TOWN OF ROSENDALE RESIDENT TO BE ELIGIBLE FOR THIS SCHOLARSHIP. (Note: Areas of Bloomington and Tillson are in the Town of Rosendale)

Name of Applicant: ____________________________________________________________

Last                     First                     Middle

Address: ____________________________

Street        City        State        Zip Code

Phone: ____________________________ email: ____________________________

Cell Phone: ____________________________

High School Attending: _______________________________________________________

Date of Birth: ____________________________
Father’s Name: _____________________________ Mother’s Name: _____________________________

Address: _____________________________ Address: _____________________________

Place of Work: _____________________________ Place of Work: _____________________________

Position Held: _____________________________ Position Held: _____________________________

List other children supported by parents and school attending:

1. _______________ __________ _____________________________
   Name Movie Age School

2. _______________ __________ _____________________________

3. _______________ __________ _____________________________

List, in order of preference, the schools to which you have applied, and indicate whether or not you have been accepted:

1. _______________ _____________________________

2. _______________ _____________________________

3. _______________ _____________________________

4. _______________ _____________________________

Your intended major of study: _____________________________

Current G.P.A.: __________ Your estimated cost for first year of college: $ __________

List any other scholarships that you have applied for. Please list whether or not you have received them. If you have not received any notification, please state “unknown.”

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

2
List clubs and organized sports in which you have participated. Please indicate offices held and awards received for each, if any:

______________________________________________________________________________________

______________________________________________________________________________________

______________________________________________________________________________________

______________________________________________________________________________________

List community organizations or activities involved in: ________________________________

______________________________________________________________________________________

______________________________________________________________________________________

______________________________________________________________________________________

Student work experience: (Part Time & Summer): ________________________________

______________________________________________________________________________________

______________________________________________________________________________________

______________________________________________________________________________________

***Please attach to this application a typed, short statement (150 words or less) why you could use this scholarship. Feel free to describe any special circumstances.

Applicant’s Signature: ________________________________ Date: ______________

Parent’s Signature: ________________________________ Date: ______________

APPLICATION MUST BE RECEIVED BY Friday, APRIL 12, 2024. ALLOW SUFFICIENT TIME FOR MAIL DELIVERY!

Please Return Application to: Women’s Club of Rosendale Scholarship Committee
C/O Carol Campion
PO Box 286
Tillson, NY 12486