

**The Woman's Club of Spring Lake, Inc.**  
**Returning Woman Scholarship Application 2024**

Eligibility for scholarship consideration by The Woman's Club of Spring Lake, Inc. is open to female residents of **Monmouth County** who have had an interruption in their educational goals and are now seeking to complete an **initial** associate's, bachelor's or adult career/technology degree. The scholarship award will be made payable to the educational institution assuming continued enrollment.

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

Name of High School \_\_\_\_\_

City and State of HS \_\_\_\_\_

Date of HS Graduation \_\_\_\_\_

Higher Educational Institution attended \_\_\_\_\_  
(If more than one, please attach list)

Dates attended \_\_\_\_\_

Institution presently enrolled or registered?

Full-Time ☐

Part-Time ☐ (number of credits per semester) \_\_\_\_\_

Major Course of Study \_\_\_\_\_

Expected Date of Completion \_\_\_\_\_

Where/From whom did you learn of the availability of this scholarship

\_\_\_\_\_

1. Enclose a copy of your current school registration and current and former transcripts.
2. Enclose two letters of recommendation. Explain the relationship of the person recommending you.
3. Write an essay describing how receipt of this scholarship will help you attain your educational goals and any additional information you would like to include.

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Return the application with all requested data no later than **April 1, 2024** to:

The Woman's Club of Spring Lake, Inc., P.O. Box 328, Spring Lake, NJ 07762

Attention: Scholarship Committee

or

Email in **Adobe PDF Format** to [WCSLNJ@gmail.com](mailto:WCSLNJ@gmail.com)

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_