



JUNIOR LEAGUE OF GALVESTON COUNTY

Women building better communities

Mission:

The Junior League of Galveston County, Inc. is an organization committed to promoting voluntarism, developing the potential of women, and improving communities through the effective action and leadership of trained volunteers. Its purpose is exclusively educational and charitable.

SCHOLARSHIP APPLICATION

GENERAL APPLICATION: *Please type or print*

Name of Applicant:

Last

First

Middle

Home Address:

Street

City

State

Zip

Home Telephone

Date of Birth

E-mail Address

Galveston County High School Attending

University/College/Junior College You Plan to Attend

VOLUNTEER ACTIVITIES (COMMUNITY): List community activities in which you have participated during your high school years. May attach additional page if needed.

Community Activity (Organization)	Duties/Responsibilities	Dates & Approximate Hours	Contact for Activity/Organization
			Name: Contact Info:
			Name: Contact Info:
			Name: Contact Info:
			Name: Contact Info:
			Name: Contact Info:
			Name: Contact Info:
			Name: Contact Info:
			Name: Contact Info:
			Name: Contact Info:
			Name: Contact Info:

WORK EXPERIENCE: List below any significant work experience you have had during your high school years. May attach additional page if needed.

Employer	Duties/Responsibilities	Dates	Contact Person
			Name: Contact Info:
			Name: Contact Info:
			Name: Contact Info:
			Name: Contact Info:

REFERENCE LETTERS: List below the three individuals who are providing letters of reference for you. ATTACH THE LETTERS TO THIS APPLICATION. ONE LETTER MUST BE FROM A MEMBER OF YOUR SCHOOL FACULTY. Please note that you may not use relatives or current Junior League of Galveston County, Inc. Board of Directors.

Name	Address (Street, City, State, Zip)	Phone Number	Relationship to Applicant
1.			
2.			
3.			

STUDENT CERTIFICATION:

I hereby affirm that all information provided in this application is true and accurate.

I authorize the Junior League of Galveston County, Inc. to contact any individual listed in this application to provided information relative to this application.

Signature of Applicant

Date

SIGNATURE OF SCHOOL REPRESENTATIVE:

I certify that the time of application, this student is a candidate for graduation from high school.

Signature of School Counselor

Title

Phone Number

COMPLETED APPLICATIONS MUST BE RECEIVED ELECTRONICALLY OR POSTMARKED ON OR BEFORE THE **MARCH 15** DEADLINE. APPLICATIONS SHOULD BE MAILED OR DELIVERED TO:

Preferred method of application submission:

Scan and e-mail to juniorleagueofgalvestoncounty@gmail.com

Subject Line: CAF/Scholarship Committee Scholarship Application

If you are unable to submit the application electronically, the application may be sent to:

Junior League of Galveston County, Inc.
ATTN: CAF/Scholarship Committee
P.O. Box 208
Galveston, TX 77553