



## JUNIOR LEAGUE OF GALVESTON COUNTY

*Women building better communities*

**Mission:**

*The Junior League of Galveston County, Inc. (JLGC) is an organization of women whose mission is to advance women's leadership for meaningful community impact through volunteer action, collaboration, and training.*

### 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:

**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:

**AWARDS / HONORS EARNED/ EXTRACURRICULAR ACTIVITIES:** List below any awards/honors you have earned or extracurricular activities you have participated in during your high school years. May attach additional page if needed.

Award / Honor	Date Awarded	Contact Person
		Name:  Contact Info:
		Name:  Contact Info:
		Name:  Contact Info:
		Name:  Contact Info:
		Name:  Contact Info:

**NARRATIVE PARAGRAPH:** In the space below, provide a statement concerning your future career goals and how volunteering has affected you. May additional page if needed.

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

**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 provide information relative to this application.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**SIGNATURE OF SCHOOL REPRESENTATIVE:**

I certify that at 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 27** DEADLINE. APPLICATIONS SHOULD BE MAILED OR DELIVERED TO:

Preferred method of application submission:

Scan and e-mail to [cafscholarship@Galveston.JL.org](mailto:cafscholarship@Galveston.JL.org)

Subject Line: CAF/Scholarship Committee Scholarship Application

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

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