

Brookhaven Town Women's Republican Club
Scholarship Application

Date _____

Applicant's Name _____

Address _____

Phone _____

Member's name: _____
(member in good standing for past 2 years)

Relationship to member: _____
(child or grandchild)

College/University/Accredited School & Start Date: _____

Course of study: _____

Anticipated year graduating HS (for Seniors only): _____

Organizations, clubs or groups involved with: _____

Scholarship requirements:
Five hundred (500) word essay on future goals and aspirations.

Signature of Applicant _____

DUE BY JUNE 30TH POSTMARK

MAIL TO: BTWRC

3235 Route 112, Suite 4
Medford, NY 11763

Brookhaven Town Women's Republican Club
Penny Wells-LaValle Scholarship Application

Date _____

Applicant's name _____

Address _____

Town _____ Zip Code _____

Phone _____ Date of Birth _____

Sponsored by (Member's name): _____
(member in good standing for past 2 years)

Relationship to member: _____
(self, child or grandchild)

College/University/Accredited School attending & start date:

Course of study: _____
(public administration, pre-law, political science, government training)

Indicate if HS graduate, postgraduate or resuming education:

Organizations, clubs or groups involved with: _____

Scholarship requirements:
Five hundred (500) word essay on future goals and aspirations or prominent women in politics, history or government

Signature of Applicant _____

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