

Gerry Gallagher Memorial Scholarship

The Gerry Gallagher Scholarship was created in honor of Gerry Gallagher, past member and president of the Eastlake Women's Club. Gerry Gallagher served her community and exuded a positive attitude and leadership skills all of her life.

This scholarship will be awarded to the candidate selected by the Eastlake Women's Club Scholarship Committee who meets all the criteria and who best demonstrates community service, positive attitude, and leadership.

Criteria for Application:

1. Eastlake resident; high school senior (male or female)
2. Minimum cumulative GPA – 2.0 (please submit current report card or letter from school stating your current GPA)
3. Written recommendation (100 words approx.) from high school principal or school representative
4. Copy of acceptance letter from college/institution attending
5. Completed application form
6. The recipient will be introduced at the Eastlake Women's Club meeting in June

Gerry Gallagher Memorial Scholarship
Application form

Name: _____ Phone: _____

Address: _____

Name of High School: _____

Name of college/institution you plan to attend in the fall:

1. **Community Service:** In what ways have you served your community?

2. **Positive Attitude:** In what ways have you conveyed a positive attitude toward school and community?

3. **Leadership:** How have you demonstrated leadership qualities?

Application must be postmarked April 11, 2011.

Signature of Applicant: _____

Mail completed forms to: Eastlake Women's Club
P.O. Box 7152
Eastlake, Ohio 44097

Please duplicate this form.

GFWC/Ohio Federation of Women's Clubs Supplemental Questionnaire

Name _____

Sponsoring Club _____

EXTRACURRICULAR SCHOOL ACTIVITIES (clubs, sports, music, art, drama, letters, etc.)
 Use separate line for each

	Grade			
	9	10	11	12

SCHOOL AWARDS AND ACTIVITIES (science projects, class offices held, honors, etc.)

	Grade			
	9	10	11	12

This Supplemental Questionnaire must accompany ALL scholarship applications

(see next page)

GFWC/Ohio Federation of Women's Clubs Supplemental Questionnaire (continued)

Name _____

Sponsoring Club _____

COMMUNITY ACTIVITIES

OTHER INTERESTS and ACTIVITIES not listed on previous page (include job experience)

This Supplemental Questionnaire must accompany ALL scholarship applications

THIS FORM MAY BE DUPLICATED.