

The National Pathfinder Scholarship

The National Federation of Republican Women established the National Pathfinder Scholarship in 1985 in honor of First Lady Nancy Reagan.

The three annual scholarships of \$2,500 each are available to provide financial assistance and support to young women seeking undergraduate or master's degrees. College sophomores, juniors, and seniors, and students enrolled in a master's program are eligible. Applicants must be U.S. citizens. Recent high school graduates and first year college women are not eligible to apply for the scholarship. Scholarship winners may not re-apply. Applicants may only apply for one National Pathfinders Fund scholarship per year.

A complete application must include the following:

- ◆ Official application form, all sections fully completed. Please write or print clearly. Use black ink.
- ◆ Three letters of recommendation, including telephone numbers/emails of authors for follow-up.
- ◆ An official copy of the applicant's most recent college transcript.
- ◆ A one-page typed essay stating the reason why the applicant should be considered for the scholarship, including career goals.
- ◆ Optional photograph.
- ◆ State Federation President Certification

ONLY COMPLETED APPLICATIONS WILL BE CONSIDERED.

Instructions to Applicant:

Individual applications must be submitted to your state federation president by June 1. No application may be submitted directly to NFRW headquarters. For state president addresses, please go to www.nfrw.org.

Each president will choose one application from her state to submit to NFRW. Any questions concerning this process should be directed to your State Federation or to NFRW (703/548-9688). The scholarship winners will be chosen by the Pathfinder Board of Directors.

The National Pathfinder Scholarship State Federation Certification

This is to certify that:

(Name)

is the official applicant of the _____ Federation of Republican Women
(State)

and a candidate for the National Pathfinder Scholarship.

State President's Signature

Phone Number

This certification **and** the fully completed application should be mailed to:

NFRW
124 North Alfred Street
Alexandria, Virginia 22314
ATTN: Scholarship Coordinator

INSTRUCTIONS:

Applicant:

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State President:

Only one (1) application per state may be submitted to NFRW with the state president's signature. **The deadline for applications to be received at the national headquarters is June 15.**

APPLICATION FOR THE NATIONAL PATHFINDER SCHOLARSHIP

(Application must be typed or written in black ink)

| <i>Section A: Personal Information</i> | | |
|---|-------------------------|------|
| Name: | Are You a U.S. Citizen? | |
| Address: | | |
| City: | State: | Zip: |
| Phone: | Fax: | |
| E-mail: | | |
| University Address (if different): | | |
| City: | State: | Zip: |
| Phone: | Fax: | |

| <i>Section B: High School Information</i> | | |
|---|----------------------|-------------------|
| (If you graduated from high school more than five years ago, you do not need to complete this section.) | | |
| Name of High School: | | |
| Address: | | |
| City: | State: | Zip: |
| Graduation Date: | Grade Point Average: | Grade Scale (A=?) |
| High School Activities and Achievements Including Civic and Political Activities and Interests: | | |

Section C: Undergraduate Study

Name of University:

Address:

City:

State:

Zip:

Major(s) / Minor(s)

Expected Graduation Date:

Grade Point Average:

Grade Scale:

Collegiate Activities and Achievements Including Civic and Political Activities and Interests:

Section D: Graduate Study

(Complete only if you are currently enrolled in a post graduate program as listed under program requirements)

Name of University:

Address:

City:

State:

Zip:

Areas of Concentration:

Expected Graduation Date:

Grade Point Average:

Grade Scale (A=?)

Activities and Achievements Including Civic and Political Activities and Interests:

| Section E: Employment Information | | |
|--|----------------------|------|
| (Begin with the most recent employer and work backward chronologically.) | | |
| <i>Employer # 1:</i> | | |
| Address: | | |
| City: | State: | Zip: |
| Supervisor: | Phone: | |
| Job Title: | Dates of Employment: | |
| <i>Employer #2:</i> | | |
| Address: | | |
| City: | State: | Zip: |
| Supervisor: | Phone: | |
| Job Title: | Dates of Employment: | |

(Please use blank sheet if more space is needed)

| Section F: Hometown Newspaper | | |
|--------------------------------------|----------------|------|
| (optional) | | |
| Name: | | |
| Address: | | |
| City: | State: | Zip: |
| Phone: | Fax or E-mail: | |

| Section G: Verification of Information | |
|---|-------|
| I verify that the information in this application is true and accurate to the best of my knowledge. | |
| Signature: | Date: |