



GFWC
est. 1890
GENERAL FEDERATION
OF WOMEN'S CLUBS
GEORGIA

MORROW CIVIC WOMAN'S CLUB
ANDREA LANE MEMORIAL SCHOLARSHIP APPLICATION

Name _____ Phone _____

Email address _____

Street address _____ City _____ Zip code _____

Occupation _____ Date of birth _____ / _____ / _____

Marital status _____ Number of dependents living in the home _____

Family income (Please include all sources of income)

Under \$20,000 _____ \$20,000-\$30,000 _____ \$30,000-\$40,000 _____ over \$40,000 _____

Other scholarships or grants you receive _____

Are you currently attending Clayton State University? Yes _____ No _____

→ Date admitted _____ Grade Point Average _____

Major field of study _____

What type of degree are you pursuing? _____

If you are not currently enrolled, have you been accepted for the upcoming semester? _____

List two persons associated with Clayton State University who could be contacted as references.

Name	Email Address	Daytime Phone Number
------	---------------	----------------------

Requirements:

Student must be accepted at Clayton State University.
Student must be a female 25 years or older who is returning to school.
Application and narrative must be received by May 1, 2026.

On the next page, please type a one-page statement on your educational goals and why continuing your education is important to you.

Save your application, and then submit it by email to
mcwchsolarship@gmail.com

