GFWC – Mississippi Federation of Women's Clubs, Inc.

GFWC-MFWC Hebron Memorial Scholarship Application Form
☒ 2026

Name: _____ **Age:** _____
Address: _____ **Phone:** _____
City: _____ **State:** Mississippi **Zip Code:** _____

Graduated From :
High School: _____ **Year** _____ **GPA** _____
College: _____ **Year** _____ **GPA** _____

Degree To Be Pursued: _____
From (College/University): _____
Expected Completion Date: _____

Endorsements by three members of the GFWC-MFWC:
1. _____
2. _____
3. _____

Instructions:
1. Applicant Requirements:
   a. Application must be submitted to the GFWC-MFWC President, and Chairman of the Hebron Memorial Scholarship and emailed by February 1 for use within that year.
   b. Must be a resident of Mississippi.
   c. Must have graduated from an accredited high school with a good scholastic average; or in the case of an applicant for graduate school, she must have graduated from an accredited college and must be attending an accredited graduate school.
   d. The applicant must be endorsed by three (3) members of the GFWC-MFWC.
   e. The application must be accompanied by recommendation from three other persons relative to scholarship, character and qualities of leadership.
   f. The applicant must signify her intention of completing her degree within a four-year period.
   g. Include a brief statement (maximum of 2 pages) related to your past accomplishments, future plans following granting of this degree and why you feel your area of service is needed in Mississippi.
2. Notes:
   a. This scholarship shall not be limited to any particular year in college, but is limited to a Mississippi Institution of Higher Learning.
   b. The scholarship money will be sent directly to the Institution the grantee plans to attend.
3. Email application and all requirement attachments to: Lorri Stockstill, Chairman at tlstock77@att.net and Dr. Carolyn S. Tedford, GFWC-MFWC President at carolyntedford@outlook.com.
4. If you have any questions, please contact Lorri Stockstill at (228) 332-0437.