



GLASSBORO ORCHID CLUB

2025 Scholarship Application



Ms. Anna Miller, Club President
Mrs. Terri Robinson, Education Chairperson

**PO BOX 476
GLASSBORO, NEW JERSEY 08028**

THE GLASSBORO ORCHID CLUB was organized in 1963. The Glassboro Orchid Club is a member of the National Association of Colored Women's Clubs, Inc., the oldest African American Women's Organization in the country founded in 1896 and the New Jersey State Federation of Colored Women's Clubs, Inc.

Scholarship Application Guidelines

Criteria for consideration:

1. Applicant must be an African American senior high school student.
2. Applicant plans to attend a four (4) year university or a two (2) year college.
3. Applicant shows involvement in the following areas: school, community and religious activities.
4. GPA, ACT and SAT Scores considered.

This application must be accompanied by the following:

1. An official transcript of your high school record from the high school counselor
2. Two (2) letters of recommendation one from your high school counselor and the other from an individual not related to you.
3. Copy of letter of acceptance from the college you will be attending
4. **A 500-word essay to include the following: 1. Tell us about yourself, 2) What are your goals and career objectives? 3) Why do you deserve this scholarship? 4) Who's been your biggest influence or inspiration**
5. The application deadline is **Monday, April 7, 2025**. The scholarship award minimum - \$500.00. Book award minimum - \$250.00.

*****Send completed applications to: Glassboro Orchid Club,
Education Committee, PO Box 476, Glassboro, NJ 08028*****

Additional Requirements:

Recipient is requested to attend the Annual Orchid Club Scholarship Luncheon for the formal scholarship presentation on **Saturday, May 10, 2025**, 11 a.m. at the Masso's Catering, 210 South Delsea Drive, Glassboro, New Jersey 08028.

SCHOLARSHIP APPLICATION

Applicant Information:

Name_____

Address_____

City_____ State_____ Zip _____

Telephone Number_____ Date of Birth_____

Email_____

Education Background: ***Use separate sheet of paper if needed***

High School Attending_____

Address_____

Honors/Awards_____

Office(s) Held_____

School Activities_____

Other_____

College Information:

Have you applied for admission to any Universities or Colleges(s)? ____ If yes, please list below and indicate if you have accepted:

_____ Accepted _____

_____ Accepted _____

_____ Accepted _____

Indicate which University or College you plan to attend:

Address_____

Major/Minor_____

Semester Start Date: _____

Family Information (Please provide Parent(s) or Legal Guardian(s) information):

Name, Address, Phone and Email: _____

Family Income:

Net family income \$ _____

Names of family members and relationship residing in the home

Name	Relationship

List Community, Church and/or other activities:

Community	Church	Other activities

Use separate sheet of paper for additional activities

Applicant's Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

**NOTE: INCOMPLETE APPLICATIONS AND APPLICATIONS RECEIVED
AFTER DEADLINE WILL NOT BE CONSIDERED FOR SCHOLARSHIP.**