



The Betty Rendel Scholarship

The National Federation of Republican Women established the Betty Rendel Scholarship Fund in September of 1995 in honor of NFRW Past President Betty Rendel's extraordinary leadership skills and dedication to the Republican Party in her home state of Indiana, as well as on the national level.

The three annual scholarships of \$1,000 are designed for undergraduate women who are currently majoring in political science, government or economics. The recipients are chosen from applicants from across the nation. The scholarships are given to women who have successfully completed at least two years of college coursework and are U.S. Citizens. Scholarship winners may not reapply. Applicants may apply for only one NFRW scholarship per year.

A complete application must include the following:

- ◆ Official application form, sections A-F completed in full.
- ◆ Three letters of recommendation, including phone numbers of authors for follow-up.
- ◆ An official copy of your most recent college transcript.
- ◆ A one-page typed essay stating the reason why the applicant should be considered for the scholarship.
- ◆ A one-page typed essay on 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/contact.htm (scroll down to your state).

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 NFRW Executive Committee.

Betty Rendel Scholarship State Federation Certification

This is to certify that:

(Name)

is the official applicant of the _____ Federation of Republican Women
and a candidate for the Betty Rendel Scholarship.

State President's Signature

Phone Number

This certification and fully completed application form should be mailed to:

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

INSTRUCTIONS:

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/contact.htm (scroll down to your state). 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 NFRW Executive Committee.

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 BETTY RENDEL SCHOLARSHIP

(Application must be typed or written in black ink)

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

Section B: High School Information		
(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:		

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:

Section D: Civic and Political Activities and Interests

Are you registered to vote?

Did you vote in the last election?

If either answer is no, please explain:

What political activities have you participated in, and how were you involved?

Section E: General Information

List any work or volunteer experiences:

What are your hobbies and interests?

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: