



Junior Welfare League of Enid

A legacy of women making a difference for over 90 years

JWL Gentry Neal Scholarship for Volunteerism Committee
123 N. Grand Ave.
Enid, OK 73701
jwlenid@gmail.com
www.jwlenid.com

Mission Statement

The Junior Welfare League of Enid, founded in 1930, is a charitable organization of women committed to promoting volunteerism and improving our community through the action, education, and leadership of our members.

Eligibility

The Junior Welfare League of Enid will award one \$1,000 scholarship, which may be used for any accredited college, university, or technical school. All applicants must meet the following eligibility requirements:

- Be a high school senior
- Have at least a 3.0 cumulative GPA on a 4.0 scale
- Attend a high school in Garfield County
- Exhibit a commitment to volunteerism
- Must enroll as a full-time student in any private or public post-secondary institution in the upcoming school year

Application

To apply, complete application and mail to the above address. **All applications must be completed and turned in by March 15, 2024.** All applicants will be notified by mail of the results. The student selected by the committee will be invited to JWL's meeting on April 1, 2024 to be honored. Please plan to attend if you receive notification of receipt of this scholarship.

Recipient Use

- The scholarship must be used by the recipient at an accredited 2-4-year college, university, vocational, or technical school during the 2024-2025 academic year.
- The scholarship may be used for the payment of tuition, fees, room, board, or books.
- A check for the amount of the scholarship will be sent to the institution of choice following verification of enrollment by letter from the educational institution. Enrollment verification must be submitted by September 30, 2024.



Junior Welfare League of Enid

2023-2024 Gentry Neal Scholarship for Volunteerism Application

Name _____
Last First Middle

Parent/Guardian Name(s) _____

Address _____
Street City State Zip Code

Phone (Home) _____ Phone (Cell) _____

Email Address _____

Birth Date _____

High School(s) _____

Current High School Address _____

School Phone _____ Counselor's Name _____

Graduation Date _____ GPA (4.0 Scale) _____

College Application(s) Completed (List the name of each institution and application date. If you have been accepted, please indicate the date.)

Name of Institution	Date of Application	Date of Acceptance
1. _____		
2. _____		
3. _____		
4. _____		

I affirm that the information provided in this application is true and correct to the best of my knowledge. I consent to the verification of information contained in my application.

Signature of Applicant _____ Date _____

Scholarship Questionnaire (Please print)

Volunteerism

Organization Name	Supervisor's Name	Dates of Service	Hours per Week
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____

Does your high school require volunteer service as a requirement for graduation? Circle **YES** or **NO**.

If yes, how many hours? _____

Extracurricular Activities

Activity Name	Position Held	Hours per week	Honors Received
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____

Work Experience

Employer Name	Nature of Work	Employment Dates	Hours per Week
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____

Awards and Honors

Please list any other scholastic, volunteer, or other distinctions in this space.

Essay Question

What has been your most gratifying volunteer experience and why?

Please limit your essay to one typed page, double-spaced. Include your name at the top. Attach your essay to the back of this application.

Note

Use the enclosed recommendation form for counselors and volunteer supervisors in your packet. Your packet should contain recommendations for all of your volunteer service. Please feel free to copy as many of these as you need. Packet must be postmarked by the deadline above.

Confidentiality Clause

Please note that the Junior Welfare League of Enid will retain only application materials of the scholarship winner for one year. All other materials will be destroyed.



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Supervisor/Counselor Recommendation Form

Name of Student _____

Name and Title of Supervisor

Agency/School

The Junior Welfare of Enid established this scholarship to support volunteer and leadership potential of our youth. The scholarship, in the amount of \$1,000, will be granted annually to one Garfield County high school senior who demonstrates outstanding volunteer performance in the community.

As a supervisor of this student's volunteer work, please answer the following questions:

1. During what period did this student work under your supervision?

2. How many hours of volunteer work did this student perform? _____

3. What duties did this student perform?

4. Please explain what makes this student's service unique and/or worthy of recognition.
