

Application for the Marge Gruenes Scholarship

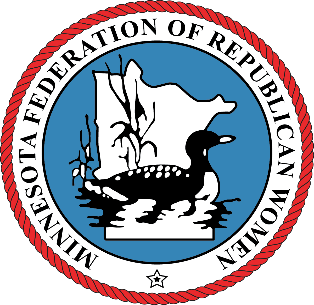
Send appliCation to:

Elaine Loesch

at

eloesch@charter.net

Deadline August 31, **2024**



The Marge Gruenes Minnesota Federation of Republican Women

Scholarship



The Minnesota Federation of Republican Women established the Marge Gruenes Scholarship Fund in 2016 in honor of Marge Gruenes. Marge was a past president of MNFRW and Metro Republican Women’s Club. She was also past chairwoman of the MN State Republican Party. She was an educator for more than 35 years serving as a teacher and administrator. Upon retirement from public school education, she continued teaching at the College of St. Benedict

One annual scholarship of $1000 is available to provide financial assistance and support to young women seeking undergraduate degrees. College sophomores, juniors, and seniors are eligible. Applicants must be U.S. citizens. Previous scholarship winners are not eligible to re-apply. The applicant must be related to or a friend of a member of a MNFRW club.

**A complete application must include the following:**

\_\_\_\_ Official application form, all sections fully completed. Please write or print clearly.

\_\_\_\_ A letter of recommendation, including telephone numbers/emails of author for follow-up.

\_\_\_\_An official copy of the applicant’s most recent college transcript.

\_\_\_\_A one-page typed essay stating the reason why the applicant should be considered for the scholarship, including career goals.

\_\_\_\_Relationship to MNFRW member. Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Club\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_ Optional photograph.

**ONLY COMPLETED APPLICATIONS WILL BE CONSIDERED**

**Individual** **applications** **must** **be** **submitted** **to:**

[eloesch@charter.net](mailto:eloesch@charter.net) **by August 31, 2024.**

The scholarship will be awarded at the August meeting of geographically appropriate club. Winner will be notified by September 15th, 2024. Application can be found at [WWW.MNFRW.COM](http://WWW.MNFRW.COM) or contact Elaine Loesch at 651-260-8005

**APPLICATION FOR THE MARGE GRUENES MINNESOTA FEDERATION OF REPUBLICAN WOMEN 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: | Fax: | | |
| E-mail: |  | | |
| College Address (if different): | | | |
| City: | State: | | Zip: |
| Phone: | Fax: | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ***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=?) | |
|  | | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| ***Section*** ***C:*** ***Undergraduate*** ***Study*** | | | |
| Name of College: | | | |
| Address: | | | |
| City: | | State: | Zip: |
| Major(s) / Minor(s) | | | |
| Expected Graduation Date: | Grade Point Average: | | Grade Scale: |
| Collegiate Activities and Achievements Including Civic and Political Activities and Interests: | | | |

|  |  |  |
| --- | --- | --- |
| ***Section*** ***D:*** ***Employment*** ***Information***  (Begin with the most recent employer and work backward chronologically.) | | |
| *Employer* *#* *1:* | | |
| Address: |  | |
| City: | State: | Zip: |
| Supervisor: | Phone: | |
| Job Title: | Dates of Employment: | |
| *Employer* *#2:* | | |
| Address: | | |
| City: | State: | Zip: |
| Supervisor: | Phone: | |
| Job Title: | Dates of Employment: | |

*(Please* *use* *blank* *sheet* *if* *more* *space* *is* *needed)*

|  |  |  |
| --- | --- | --- |
| ***Section*** ***E:*** ***Hometown Newspaper*** (optional) | | |
| Name: | | |
| Address: | | |
| City: | State: | Zip: |
| Phone: | Fax or E-mail: | |

|  |
| --- |
| ***Section*** ***F:*** ***Verification*** ***of*** ***Information*** |
| I verify that the information in this application is true and accurate to the best of my knowledge.  Signature: Date: |