



# National Pathfinder Scholarship

*Due: June 1 to State President*

NATIONAL FEDERATION OF REPUBLICAN WOMEN

124 N. Alfred Street, Alexandria, VA 22314

(703) 548-9688 | (800) 373-9688 | FAX: (703) 548-9836

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**There's a  
place for you  
at our table.**



# National Pathfinder Scholarship

The National Federation of Republican Women established the National Pathfinder Scholarship Fund in 1985 in honor of First Lady Nancy Reagan.

The three annual scholarships of \$2,500 each are available to provide financial assistance and support to young women seeking undergraduate or master's degrees. College sophomores, juniors, and seniors, and students enrolled in a Master's Program are eligible. Applicants must be U.S. citizens. Recent high school graduates and first year college women are not eligible to apply for the scholarship. Scholarship winners may not re-apply. Applicants may only apply for one NFRW scholarship per year.

A complete application must include the following:

- ◆ Official application form, all sections fully completed. Please write or print clearly. Use black ink.
- ◆ Three letters of recommendation, including telephone numbers/emails of authors 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.
- ◆ 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](http://www.nfrw.org).

**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 Pathfinder Board of Directors.

# National Pathfinder Scholarship State Federation Certification

This is to certify that:

\_\_\_\_\_  
(Name)

is the official applicant of the \_\_\_\_\_ Federation of Republican Women  
(State)

and a candidate for the National Pathfinder Scholarship.

\_\_\_\_\_  
State President's Signature

\_\_\_\_\_  
Phone Number

This certification **and** the fully completed application 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](http://www.nfrw.org). 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.**



***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 Including Civic and Political Activities and Interests :

***Section D: Graduate Study***

(Complete only if you are currently enrolled in a post graduate program as listed under program requirements)

Name of University:

Address:

City:

State:

Zip:

Areas of Concentration:

Expected Graduation Date:

Grade Point Average:

Grade Scale (A=?)

Activities and Achievements Including Civic and Political Activities and Interests:

**Section E: 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 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: