



JUNIOR LEAGUE OF
GREATER SPRINGFIELD, MA
Women building better communities

Junior League of Greater Springfield Scholarship Application

PART 1: Application Information

PART 2: Scholarship Questionnaire

PART 3: Essay

PART 4: Required Recommendations

- A) JLGS form completed by your high school guidance counselor.
- B) JLGS form completed by your volunteer supervisor.

Forms should be submitted with this application or mailed under separate cover to:

Junior League of Greater Springfield
c/o Lauren Percy
PO Box 2634
Springfield, MA 01101

***Note: Sections 1-3 of this application can be emailed back to
jlgs.membership@gmail.com***

Section 4 Recommendations MUST be mailed in by the person completing them.

**All materials must be sent and postmarked no later than
April 21, 2020.**

**Note: The Scholarship Award Recipient is expected to attend the Junior
League of Greater Springfield Annual Meeting on May 21, 2020.
Winning Recipient will be notified at least 2 weeks prior to this event.**



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Junior League of Greater Springfield Scholarship Application

PART 1: Applicant Information

Please enclose this sheet as the cover sheet for your application.

Name:

Home Address:

City, State, Zip

Phone:

E-mail Address:

Year of Birth:

High School Name:

High School Address:

High School Phone:

Graduation Date: (Month/Year)

Guidance Counselor Name:

Guidance Counselor E-mail:

Guidance Counselor Phone:

Volunteer Organization

Volunteer Supervisor Name:

Volunteer Supervisor Email:

Volunteer Supervisor Phone:

Other Volunteer or Guidance
Counselor Information (if you
have obtained more than one
recommendation in these
categories)



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Applicant's Name:

PART 2: SCHOLARSHIP QUESTIONNAIRE

Please list your top four college choices. Place an asterisk (*) next to any schools where you have been accepted.

1 st	_____	2 nd	_____
3 rd	_____	4 th	_____

Significant Voluntarism

Organization	Supervisor	Responsibility	Dates of Service	Weeks Per Year	Hours Per Week

Major Extracurricular Activities

Activity	Position Held	Weeks Per Year	Hours Per Week	Honors Received

Work Experience

Employer	Nature of Work	Employment Dates	Weeks Per Year	Hours Per Week

Awards and Honors



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Applicant's Name:

PART 3: ESSAY QUESTIONS (SECTION 1)

Please attach both essays. Each question should have a response of at least one page.

(1) Which one of your experiences in volunteering have you found to be the most rewarding and why?

(1a) How do you see yourself benefiting and/or serving your community once you have completed your degree/program?



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Applicant's Name:

PART 3: ESSAY QUESTIONS (SECTION 1- Continued)

(1) Which one of your experiences in volunteering have you found to be the most rewarding and why?

(1a) How do you see yourself benefitting and/or serving your community once you have completed your degree/program?



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Applicant's Name:

PART 3: ESSAY QUESTIONS (SECTION 2)

Please attach both essays. Each question should have a response of one page.

(2) Describe a strong woman, past or present, who influences who you are as a leader. Explain how you look up to them and why. What direct impact has this person had on your own leadership skills?



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Applicant's Name:

PART 3: ESSAY QUESTIONS (SECTION 2- Continued)

Please attach both essays. Each question should have a response of one page.

(2) Describe a strong woman, past or present, who influences who you are as a leader. Explain how you look up to them and why. What direct impact has this person had on your own leadership skills?



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Applicant's Name:

Guidance Counselor Name:

School Name:

PART 4A: GUIDANCE COUNSELOR RECOMMENDATION FORM – Page 1

EVALUATION:

In the space below, please describe the applicant's service contribution to her school and community. Although this scholarship rewards excellence in voluntarism, we welcome your comments and observations on her academic achievement and overall extracurricular participation.



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PART 4A: GUIDANCE COUNSELOR RECOMMENDATION FORM – Page 2

Applicant Name:

School Name:

Guidance Counselor Name:

Counselor Phone Number:

Counselor E-mail Address:

Counselor Signature:

Date:

This section must be completed and signed by an authorized representative of the service organization listed. Please affix school stamp, seal, or letterhead to this document to verify its contents and mail to:

Junior League of Greater Springfield
C/O Lauren Percy
PO Box 2634
Springfield, MA 01101

**Application and all supporting materials must be
postmarked by April 21, 2020.**



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Applicant Name:

Supervisor Name:

PART 4B: VOLUNTEER SUPERVISOR'S RECOMMENDATION FORM – Page 1

EVALUATION:

In the space below, please describe the applicant's service contribution to your organization. Although this scholarship rewards excellence in voluntarism, we welcome your comments and observations on her personal qualities as well as the quantity and quality of her work.

Applicant Name:

Supervisor Name:

PART 4B: VOLUNTEER SUPERVISOR'S RECOMMENDATION FORM – Page 2

RATINGS:

In comparison to other *school-age* volunteers at your organization, please describe this student in terms of:

No basis		Below Average	Average	Good	Very Good	Excellent
	Quality of service contribution to this organization					
	Quantity of service contribution to this organization					
	Personal qualities and characteristics					

Organization Name: _____

Supervisor Phone: _____

Supervisor Email: _____

Supervisor's Signature: _____

Date: _____

This section must be completed and signed by an authorized representative of the service organization listed. Please affix your organization's stamp, seal, or letterhead to this document to verify its contents and mail to:

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