

# The National Pathfinder Scholarship

The National Federation of Republican Women established the National Pathfinder Scholarship Fund in 1985 in honor of First Lady Nancy Reagan's exemplary efforts in the prevention of drug and alcohol abuse.

The two annual scholarships of \$2,000 each are designed for women who are currently studying in various fields related to substance abuse prevention. These programs of study include Chemistry, Sociology, Psychology, and pharmacology, as they relate to substance abuse. (Note: Some colleges or universities may offer other programs of study which deal with substance abuse, which are not listed above. The NFRW Board of Directors can consider those enrolled in such programs for the scholarship after the approval of the program. Recent high school graduates and first year college women are not eligible to apply for the scholarship.

Intended careers can include chemical, biological, or medical research on substance abuse and/ or its causes; effect of substance abuse on the family, society, and/or abuser; counseling of substance abusers and/ or affected other, etc.

A complete application must include the following:

- ◆ Official application form, sections A-G fully completed.
- ◆ Three letters of recommendation, including telephone 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.

## **ONLY COMPLETED APPLICATIONS WILL BE CONSIDERED.**

Note: Applications must be submitted to CFRW Scholarship Chairman Ella Mae Butterfield, P.O. Box 1408, Paso Robles, CA 93447-1408 by **February 1, 2002**. CFRW President Joy Stewart will then forward the application to NFRW headquarters. The scholarship winners will be chosen at the NFRW Spring Board Meeting each year.

# 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 fully completed application form should be mailed to:

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

NOTE: Only one (1) application per state may be submitted to NFRW with the State President's signature. The deadline for the applications to be received at the national headquarters from the Presidents is approximately the middle of February each year.

# **APPLICATION FOR THE NATIONAL PATHFINDER SCHOLARSHIP**

*(Application must be typed or typed in black ink)*

## ***Section A: Personal Information***

Name:

Address:

City:

State:

Zip:

Phone:

Fax:

E-mail:

University Address (if different):

City:

State:

Zip:

Phone:

Fax:

## ***Section B: High School Information***

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: 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:

***Section E: Civic and Political Activities and Interests***

(describe briefly)

***Section F: 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 G: Financial Information***

Savings:

Disposable Income:

Other Financial Assistance:

Estimated tuition for the 2002-2003 academic year:  
Phone Number of University for verification of tuition:

***Section H: Hometown Newspaper***

(optional)

Name

Address:

City:

State:

Zip:

Phone:

Fax:

***Section I: Verification of Information***

I verify that the information in this application is true and accurate to the best of my knowledge.

Signature:

Date: