



# Betty Rendel 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

mail@nfrw.org | www.nfrw.org



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



# The Betty Rendel Scholarship

The National Federation of Republican Women established the Betty Rendel Scholarship Fund in September of 1995 in honor of NFRW Past President Betty Rendel's extraordinary leadership skills and dedication to the Republican Party in her home state of Indiana as well as on the national level.

The three annual scholarships of \$1,000 each are designed for college undergraduate women who are currently majoring in political science, government or economics. The recipients are chosen from applicants from across the nation. The scholarships are given to women who have successfully completed at least two years of college coursework and are U.S. Citizens. Scholarship winners may not re-apply. Applicants may apply for only 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 the applicant's 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 NFRW Executive Committee.

# Betty Rendel Scholarship State Federation Certification

This is to certify that:

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(Name)

is the official applicant of the \_\_\_\_\_ Federation of Republican Women  
and candidate for the Betty Rendel Scholarship.

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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

## **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: Civic and Political Activities and Interests***

Are you registered to vote?

Did you vote in the last election?

If either answer is no, please explain:

What political activities have you participated in, and how were you involved?

***Section E: General Information***

List work experience beginning with most recent first:

What are your hobbies and interests?

***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: