Fort Lauderdale Branch National League of American Pen Women Inc.

2024 Achievement Awards Application In the Field of Writing/Journalism - \$1,250

Please P Name of	rint Applicant
Address	
City	StateFLZip
Phone	EMail Program Enrolled and Session #
College F	rogram Enrolled and Session #
Course w	ork you will apply award monies to
Requirem	ents:
1	Woman
2	Overall 3.0 GPA or better (based on a 4.0 scale)
3	U.S. Citizen/Green Card with a valid Social Security number
4	Enrolled in Creative Writing (CRW), English Composition (ENG), Film Writing (FIL), Journalism (JOU) or New
	Media Communications (Digital Journalists) Program at Broward College
5	Currently applying to or admitted to an undergraduate college seeking a degree in the Arts
Checklist	A complete packet must include the following:
1	Completed application form with applicant's given name (Document 1)
2	Statement of Recommending Professor/Advisor/Counselor/Teacher (1 paragraph) (Document 2)
3	Write two brief paragraphs about what most influenced the choice of your major and describe a
	personal experience that has been especially meaningful to you. (Document 3)
4	In addition, you will need to submit:
minimum	e from A, B or C: A (Fiction, Non-fiction, Essay, minimum 1,500 words in length), B (Poetry, portfolio of work, 5 pieces), C (Play, Screen Play, or Film script, 5-10 pages). Submitted work of your choice that has been ithin the last 2 years. (Document 4)
Signature	of Applicant

Completed Application: Deliver to Daniela Wancier, Associate Dean, Academic Affairs, Broward College Electronic Submissions Only (pdf files only): dwancier@broward.edu

DEADLINE: Friday March 15th, 2024

Recipient will be notified on or before March 29th, 2024

Each recipient must attend the Awards Luncheon on **Thursday, April 11th** in person at which time they will receive their "Achievement Award". The recipient is expected to read a portion of their winning submission during the luncheon. Recipients may invite one special guest or family member to the awards luncheon.

For questions concerning this award contact your Dept Head.

Document 2

Statement of Recommending Professor/Advisor/Counselor/Teacher

Student Name:	_
Name of Professor/Advisor/Counselor/Teacher	
Email	
Signature of Professor/Advisor/Counselor/Teacher	
Phone	