

STATE DATES – 2025

NOVEMBER 2025

- 4 – NJSFWC Executive Meeting
- 11 – NJSFWC Board Meeting
- 13 – NJSFWC Open House
- 15 – NJSFWC Open House

DECEMBER 2025

- 2 – NJSFWC Executive Meeting
- 9 – NJSFWC Holiday Board Meeting

Important Deadline Dates (2025) for Club Presidents

NOVEMBER

- 1 or 4 or 11– Operation Holiday Stocking Dropoff at Headquarters
- 13 – Open House 60th Anniversary at Headquarters
Email: openhouse@njsfwc.org to Register
- 15 – Open House 60th Anniversary at Headquarters
Email: openhouse@njsfwc.org to Register
- 15 – Deadline for submitting Women of Achievement Form to Headquarters
- 15 – Deadline for submitting 990e copy

DECEMBER

- 2 – GIVING TUESDAY – Go to njsfwc.org Click on DONATE top of Home Page. Any amount is welcomed.
- 10 – GFWC Open House, Washington D.C.
- 23- through January 1 – NJSFWC Headquarters closed.

REMINDERS:

New Club Member Report Form: Welcome letters go out throughout the year.

All new members to the Federation can receive a welcome letter from Patricia Dahl, State Membership Chairman. Go to njsfwc.org, select MATERIALS, Scroll to Membership.

1894 Society 60th Anniversary S&H Green Stamp pin is still available but quantities are limited. Pins are available to clubs or members with each \$60 donation. All donations help defray the cost of the land rental. We will be selling this at the Open House

REGISTRATION FOR NJSFWC OPEN HOUSE:

REGISTER FOR OPEN HOUSE AT OPENHOUSE@NJSFWC.ORG

When you send your email: SELECT A DATE:

- 13 – Open House 60th Anniversary at Headquarters
Email: openhouse@njsfwc.org to Register
- 15 – Open House 60th Anniversary at Headquarters
Email: openhouse@njsfwc.org to Register

Note: Credit Cards accepted at the Open House for merchandise with acceptance of the credit card fee.

NJSFWC Special State Project

The NJSFWC clubs can show its generous spirit in support of the Special State Project, the New Jersey Children's Alliance, by participating in **Operation Duffle Bag** by donating an overnight duffle bag for children who leave their homes in emergency situations. We ask that clubs donate no more than 2 bags due to limited storage space.

Your club can choose the gender and age for the contents of the duffle bag and create a tag for the bag with that information. The bags can be filled with the following items depending on the gender and age group of the recipients you choose:

- PJ's and or sweat suits for infants through adult XL
- Underwear – 2 year olds to adult XL
- Socks
- Towel
- Flip flops or slippers (sizes for 2 year olds to adult XL)
- Toiletries (Travel size: toothbrush, toothpaste, soap, shampoo, hair conditioner, hair ties, brush/comb, deodorant)
- Blanket
- Diapers and wipes for infants to 2 year olds children
- Activity books, reading books, pencils, crayons, pens.

The time period for the collection will be from January 1 through March 10.
No bags will be taken after March 10.

The Child Advocacy Centers that can receive the bags directly from clubs are:

- Wynona's House - 185 Washington St., Newark, NJ 973-753-1110
- Deidre's House - 8 Court Street, Morristown, NJ 07960 973-631-5000
- Ginnie's House - 4 High Street, Newton, NJ 07860 Tel. 973-579-0770

Prosecutor-based CAC's that can receive the donations are:

- Gloucester Child Advocacy Center, 45 Cooper Street, Woodbury, Tel: 856-384-5557
- Cape May Child Advocacy Center 372 Court House- S. Dennis Road, Cape May Court House, Tel: 609 465-1135 x3440
- Monmouth Child Advocacy Center, 500 Kozloski Road, Freehold, Tel: 732- 683-866

Please call these centers for information.

Clubs who utilize these programs for drop off should send the total number of duffle bags to the SSP Chairman, April Shoemaker by March 10. You may also drop off your duffle bag at Headquarters no later than March 10. The bags at Headquarters will be picked up by NJCA, who will distribute them to CAC centers throughout the state.

Through these efforts, the NJSFWC and NJCA are making a significant impact, helping to create a brighter, more supportive environment for young individuals in need.

April Shoemaker
shoemaker@njsfwc.org
SSP Chair





DIRECTIONS:

How to join the GFWC Advancements and Programs Forum on Facebook

TO JOIN:

Go to the group page for GFWC Advancements and Programs Forum on Facebook.

Ask to Join. You will be asked 4 questions that you need to answer.

- What is your GFWC State Federation?
- What is the name of your local/home club?
- How long have you been a member of GFWC?
- Agree to follow the rules of the group.

These questions are meant to allow only GFWC members into the group as there is sensitive information included in the Forum.

PROTECTION:

We monitor the Forum daily and accept request from members. Please answer the questions to confirm membership. We do accept non-member request. You can invite members to join the group by clicking the Invite button right under the cover photo on the group page.

PURPOSE OF THE GROUP:

This site is intended to provide instructions and information on GFWC Advancement and Programs areas. You are welcome to comment on posts. This group is not intended to post information on your club's events. There are other GFWC groups available for that information.

Past videos are available on the site so you can go back several years to get information.

45th ANNUAL
WOMEN OF ACHIEVEMENT
May 4, 2026 – Atlantic City
NOMINATION FORM

Sponsored by
New Jersey State Federation of Women's Clubs of GFWC
and
Douglass Residential College of Rutgers, The State University

Deadline: November 15, 2025

PLEASE COMPLETE AND RETURN TO:

(Photocopies accepted)

New Jersey State Federation of Women's Clubs of GFWC
55 Labor Center Way
New Brunswick, NJ 08901
732-249-5474

Nominee's Name: _____

Affiliation/Title/Occupation: _____

Address: _____

Phone/s: _____

Is the nominee a Federated Clubwoman? _____ If yes, what Club? _____

Please explain on separate sheets why you believe the above nominee should be honored. Include professional/personal accomplishments, activities, qualities and achievements. Supportive materials (resume, curriculum vitae, news clippings, etc.) should be attached.

NOTE: To be eligible for this honor, each nominee must be a woman who has gained visibility in New Jersey for her contributions. It is mandatory that all selected nominees receiving the award attend the event in order to receive this award.

Nominated By: _____

Address: _____

Phone/s: _____ Email: _____

Relationship to nominee*

**Self-nominations and nominations from family members are not eligible for consideration*

NEW JERSEY STATE FEDERATION OF WOMEN'S CLUBS OF GFWC

Barbara McCloskey, President

"Together in Service - United in Friendship"

WOMEN OF ACHIEVEMENT AWARDS

Co-sponsors: New Jersey State Federation of Women's Clubs of GFWC and
Douglass Residential College

Monday, May 4, 2026 at 7:00 P.M.

Hard Rock Hotel & Casino
Atlantic City, NJ

All club women and guests are invited to attend the 45th Annual Women of Achievement Awards Ceremony to be held at the Opening Banquet of the NJSFWC 132nd Annual Convention on Monday, May 4, 2026.

Individual club women, interested guests, and all federated clubs are invited to become **PATRONS** of these awards with a listing in the Awards Program Book. All proceeds will fund a one-time scholarship for a non-traditional student enrolled at Douglass Residential College.

Patron donations are requested as soon as possible so they may be included in the program.

PATRON SUBSCRIPTION FORM WOMEN OF ACHIEVEMENT AWARDS PROGRAM Monday, May 4, 2026

NAME: _____

CLUB: _____ DISTRICT: _____

ADDRESS: _____ TEL: (____) _____

\$1,000 PREMIER _____

\$500 PLATINUM _____

\$250 GOLD _____

\$100 SILVER _____

\$50 BRONZE _____

\$25 PATRON _____

Amount enclosed \$ _____

Make checks payable to NJSFWC earmarked "Women of Achievement"

Mail to:

New Jersey State Federation of Women's Clubs
Attention: Women of Achievement
55 Labor Center Way
New Brunswick, NJ 08901



LEGISLATIVE LADDER

EDUCATE
EMPOWER
ENGAGE

1. CLUB INFORMATION

Club Name

State Federation

Club President's Name

Phone

Email

2. CONTACT PERSON

Contact Name

Mailing Address

City

State

Zip Code

Phone

Email

3. SUBMISSION YEAR

☐ 2025 (July 2024 - March 15, 2025)

☐ 2026 (April 2025 - March 15, 2026)

4. INSTRUCTIONS

GFWC clubs are challenged to **annually** "step up" to EDUCATE, ENGAGE, EMPOWER by tackling varied concrete steps of the Legislative Ladder. Steps do not need to be completed sequentially. Individual steps may be listed only once each submission year but may be engaged in multiple times. The point values identified for each step are the total that may be accumulated annually. Certificates will be awarded for clubs submitting activities with point values totaling 35 points or more. Individual club recognition will take place during the 2025 and 2026 GFWC Annual Conventions.

Completed Legislative Ladder forms must be emailed to Chairman Mary Pat Marcello (njsfwcmariapat@aol.com) and Programs@GFWC.org no later than **March 15** annually.





4. GFWC'S LEGISLATIVE LADDER

Check applicable boxes

- ☐ 1. Increase club enrollment by 10% annually in the Legislative Action Center. (25 points)

Total club membership _____ Previously registered _____ Newly registered _____

- ☐ 2. Request a proclamation from a "decision-maker" (i.e., town council, mayor, state or U.S. Congressman, governor) recognizing, for example, a "week" promoted in one of the CSPs, a club anniversary, etc. (5 points)

Topic: _____ Issued by: _____

- ☐ 3. Conduct a program on GFWC's Resolutions and how and why they are created and adopted. (5 points)

- ☐ 4. Invite a local decision-maker to discuss issues relevant to your community. (10 points)

Whom did you invite? _____ Topic: _____

- ☐ 5. Identify a GFWC Resolution and develop a club project to support the Resolution. (15 points)

Resolution: _____ Project: _____

- ☐ 6. Take action on a current GFWC/State Resolution (i.e., write an email, send a "letter to the editor," speak at a local government meeting, or create a community coalition). (10 points)

Resolution: _____ Action: _____

- ☐ 7. Draft a Resolution to submit to your State for consideration. (15 points)

Topic: _____ Adopted? (Y/N) _____

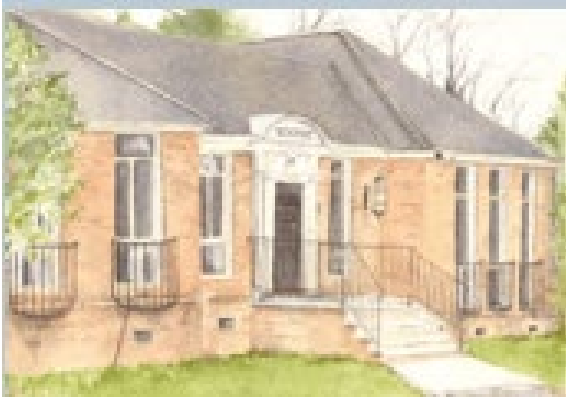
- ☐ 8. Visit a State legislator/staff to advocate on an issue of your choice. (15 points)

Topic: _____

FOR GFWC USE ONLY: Total Points: _____



CELEBRATING OUR 60TH ANNIVERSARY



THE 1894 SOCIETY

The NJSFWC Headquarters Building, built with trading stamps, is located on land leased from Rutgers University. The Federation's lease with Rutgers sets the rental amount at a percentage of the value of the land. The value of land has increased.

The 1894 Society was initiated in 2002 in an effort to build a fund that will enable the NJSFWC to meet any increase that may be assessed by Rutgers

To Donate by Credit Card:

- 1) Go to: njsfwc.org
- 2) Click on: **DONATE** (yellow button top of page)
- 3) Insert the dollar amount you are paying (where it shows \$0)
- 4) Select: **Donate with "Credit Card or Debit Card"**
- 5) In the **Write A Note** Put **"1894 Society"**
(You do not need to complete the By Check Form Below)
- 6) Complete your Credit Card information
 - a. Billing address,
 - b. Email address,
 - c. Phone number,
- 7) Select **DONATE NOW**
- 8) An email confirming your donation is sent to your email and to njsfwc.hq@gmail.com



With a gift of \$60 or more you may receive a Limited-Edition S&H Green Stamp Pin

Reminder: All donations are tax deductible. Thank you!

To Donate by Check: 1894 Society Membership Form

Please enroll me and/or our club in the 1894 Society for the 2025-2026 club year (April 1, 2025 - March 31, 2026).

Place an "X" in the box indicating whether Individual or Club donation.

Enclosed is my/our donation of:

_____ \$18.94 _____ \$20.00 _____ \$189.40 _____ \$1,894.00 \$_____ Other \$_____ Additional Donation for the 60th Anniversary

☐ Donation by Individual

Name _____ Club _____ District _____

Address _____

Telephone _____ Email _____

☐ Donation by Club

Name of Club _____ District _____

Make checks payable to "NJSFWC", earmarked "1894 Society". Mail check and donation form to:

NJSFWC Headquarters, 55 Labor Center Way, New Brunswick, NJ 08901

NJSFWC SECOND CHANCE DOMESTIC VIOLENCE SURVIVORS AWARD

APPLICATION FORM

(ALL FIELDS ARE REQUIRED)

Name:		
Date of Birth:	Social Security #	
Mailing Address		
City	State	Zip Code
Primary Phone Number		
Secondary Phone Number		
Email		
Referral Source (How did you learn about this scholarship)		
Are you a citizen or a permanent resident of the United States? Yes No		

EDUCATION HISTORY

Name of School:	
City	State
Dates of Attendance	
Start	End
Major Subject/Course	
Degree Earned	
Date of Graduation High School or GED	
College/University/School address	

NJSFWC SECOND CHANCE DOMESTIC VIOLENCE SURVIVORS AWARD

EDUCATION GOAL

Name of School wishing to attend	
City	State
Degree/Certification sought	
Are you currently enrolled in an eligible program?	
Estimated Graduation Date:	

List classes you are intending to take in the upcoming term. Include Course Number and the Name:

Start Date: _____

Explain your educational and career goals and how this award will help you achieve them (you may use additional paper)

NJSFWC SECOND CHANCE DOMESTIC VIOLENCE SURVIVORS AWARD

Explain your career goals

Describe a challenge you have faced and the steps you took to overcome that challenge.

NJSFWC SECOND CHANCE DOMESTIC VIOLENCE SURVIVORS AWARD

AGENCY/COUNSELOR/SOCIAL WORKER RECOMMENDATION

AUTHORIZATION RELEASE

(All Fields Required)

To the Applicant: To qualify for scholarship consideration you must identify an intimate partner abuse service provider you have worked with who is willing to attest to the services and support you have received as a survivor of intimate partner violence. Please complete this page and deliver it to your provider, along with the questionnaire. These pages must be submitted to NJSFWC along with all requested materials. The purpose of this confidential agreement is to assist NJSFWC in assessing your scholarship application. Any information shared will be treated with discretion and respect.

I hereby give permission to any duly-authorized representative of my intimate partner abuse service provider to supply information requested by NJSFWC pertaining to myself. I release my provider and NJSFWC of any and all liability for sharing such information. This release shall be in effect until I state, in writing, that it is no longer valid.

Signature of Candidate

Date

Candidate's Name	
Provider's Name	
Contact Person	
Mailing Address	
Email	Phone Number
Website (if applicable)	

Complete the questionnaire on the following page and return it to your applicant, along with the above 'Authorization for Release of information signed by you and the applicant. Incomplete applications will not be considered. Please feel free to attach additional pages, if needed.

NJSFWC SECOND CHANCE DOMESTIC VIOLENCE SURVIVORS AWARD

1. How long have you worked with this applicant?

2. What is your experience with the applicant?

3. What is your understanding of the applicant's education goals?

4. Please describe why you believe the applicant is deserving of this scholarship award. Speak to your knowledge of the applicant's motivation, capability and commitment to his/her career goals.

Name: _____

Title: _____

Signature

Date