THE AMERICAN ASSOCIATION OF UNIVERSITY WOMEN JACKSON BRANCH SCHOLARSHIP APPLICATION

Please complete this application and return it to the AAUW Scholarship Committee post marked by March 31,2019. An official transcript of your grades, from each college attended, sealed in an envelope by the institution, should be <u>included</u>. Also <u>include</u> two letters of recommendation from faculty, or one faculty and one employer recommendation. Please have them comment on your academic achievements and character. Special consideration will be given to students with financial needs.

Name:				Age:
Last Home address:		First	Middle	
	No. and Street	City	State	Zip Code
Parent's Names:			High School	
Email address:		Home phone:	School phone:	
Are you a female Jackso	on County resident when	not on campus? yes	no Student Identification Number: _	
Student's school for 20	18-19	Student's c	urrent school:	
Previous Colleges/Univ	versities attended (with year	ars) if different from th	e current school:	
How did you hear about	t this scholarship from AA	AUW?		
Cumulative College GP	PA: Semester hou	ars completed through o	current term: Major:	
College Activities:				
		FINANCES & EMP	LOYMENT	
Employment for the last	t 5 years:			
Do you have dependent	s? Yes No If yes.	, please list ages:		
Where else have you ap	oplied for financial aid and	l educational loans? (S	pecify outstanding loans.)	
EXPENSES	YOUR	FINANCIAL PLANS	FOR NEXT YEAR <u>INCOME</u>	
Tuition:			Savings:Summer Earnings:	
Transportation:			Work at College:	
Clothing:			Family Contribution:	
Books:			Other Income, list source and amount of a	ll awarded gran
Other expenses (specify	<i>i</i>):		scholarships and loans:	ar arrange gran
TOTAL EXPENSES:			TOTAL INCOME:	

PLEASE COMMENT BELOW BRIEFLY - OR ON A SEPARATE SINGLE PAGE

1. What are your educational and career goals? Why are they good choices for you?
2. What is your financial situation? Explain your needs and why this scholarship would be helpful.
3. What are your strengths and challenges?
4. Would you be willing to meet with the Selection Committee if deemed necessary?
Yes No
5. If selected would you be willing to attend an AAUW meeting to share your thoughts at our September 2019 or December 2019 as a guest of AAUW? Yes No
Print the name, daytime phone and professional relationship of employers, college personnel or others who are writing your recommendation letters.
1.
2.
This application is to be postmarked by March 31, 2019. Be sure to also include:
• your official transcripts (sealed in an envelope by the college) of all college coursework.
• your two letters of recommendation.
Send all materials to: AAUW Scholarship Committee 2251 Springport Rd. – Box 347 Jackson, MI 49202-1443