

## ORLANDO/WINTER PARK AAUW BRANCH SCHOLARSHIP APPLICATION

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

United States Citizen: \_\_\_\_ YES \_\_\_\_ NO; If no, What is your citizenship? \_\_\_\_\_

### EDUCATION INFORMATION

High School/Graduation Date: \_\_\_\_\_

College:

<u>School Name</u>	<u>Dates enrolled</u>	<u>Degree earned</u>
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Currently enrolled in what college? \_\_\_\_\_

Program/Major: \_\_\_\_\_ GPA: \_\_\_\_\_

### EMPLOYMENT INFORMATION

Current employer: \_\_\_\_\_

How long: \_\_\_\_\_ Position: \_\_\_\_\_

### FINANCIAL INFORMATION

How have you paid for your college education? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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Please respond to the following (approximately 300 words each):

1. Describe your educational goals.
2. How do your goals relate to your career choice and with current career opportunities?
3. Describe the impact completing a degree will have on your life.
4. Describe your participation in volunteer, community, school or other organizations.

**By signing the application I agree to the following:**

- ▶ I understand that this application is for a scholarship selected by AAUW's Scholarship Committee and that funds will be sent directly to the school of my choice.
- ▶ I will provide AAUW with an update of my academic and professional progress.
- ▶ I will attend the annual meeting (May) and/or membership event (August or September).
- ▶ I approve having my name/college included in AAUW press releases/newsletter.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

How did you find out about this scholarship?

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**Please note:** In support of national initiatives, the Orlando/Winter Park AAUW Branch gives preference to women who are pursuing higher education and careers in STEM areas (science, technology, engineering, or math). Traditionally, this branch also supports women completing their bachelor's degree or pursuing a master's or doctoral degree.