

American Association of University Women Connecticut Shoreline Branch



APPLICATIONFOR2023 SCHOLARSHIPAWARDFORWOMEN

| GENERAL INFORMATION | | | | |
|--|----------------------|-----------------------------|--|--|
| Full Legal Name (Last, First, Middle): | | | | |
| Home Address (Street, City, State, Zip): | | | | |
| Mailing Address: | | | | |
| Email Address: | Cell Phone: | | | |
| Home Phone: | Date of Birth: | | | |
| Where did you hear or read about this group? | | | | |
| | | | | |
| EDUCATIONAL HISTORY | | | | |
| If needed, please use an additional sheet of paper to list all location, dates attended, graduation, degrees obtained, an | | the accredited institution, | | |
| Undergraduate College or University: | | | | |
| Address: | | | | |
| Dates Attended: | Major: | GPA: | | |
| Date Graduated | Degree/Certificate: | | | |
| Graduate College or University: | | | | |
| Address: | | | | |
| Dates Attended: | Major: | GPA: | | |
| Date Graduated: | Degree/Certificate: | | | |
| EMPLOYMENT HISTORY | | | | |
| Please use an additional sheet of paper to list other employers for the last five years including their names, address, dates of employment, and a short description of your duties. | | | | |
| Most Recent Employer: | | | | |
| Address: | | | | |
| Phone: | Employment Dates: | | | |
| Duties: | | | | |
| | | | | |
| | | | | |
| SERVICE | | | | |
| List activities in support of professional associations and vo additional sheet of paper to list other activities including th | - | | | |
| Activity/Organization: | | | | |
| Position: | Participation Dates: | | | |
| Duties: | | | | |
| | | | | |
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| FINANCIAL INFORMATION | | | | |
|--|--|--|--|--|
| Please attach a copy of your most recent Student Aid Repo | ort (SAR). | | | |
| Annual Income | Self | Household | Other Education Aid | |
| 2022 Income | | | | |
| 2023 Anticipated Income | | | | |
| Anticipated School Expenses (per semester) | | | | |
| Tuition: | Housing: | | | |
| Transportation: | Books: | | | |
| Other (describe): | | | | |
| Describe Makeup of Household: | | | | |
| | | | | |
| | | | | |
| Describe Financial Need: | | | | |
| | | | | |
| | | | | |
| ATTEST | | | | |
| I hereby certify that to the best of my knowledge, the facts and figures submitted are correct, and that the scholarship aid, if granted to me, will only be used toward furthering my education. | | | | |
| Signature: | Date: | | | |
| INSTRUCTIONS | | | | |
| Completed applications and related information must be postmarked by May 3, 2023. Submit application and attachments to Rita Holmberg, AAUW CT Shoreline Scholarship Chair Via mail to Via email to 175 Ferry Road, Unit 14 or to Old Saybrook, CT, 06475 of "AAUW 2023 Scholarship" Attach the following to your application: | | | | |
| □ A narrative of not more than 800 wor program you have selected will help y should be selected for this award. □ A copy of your most recent SAR □ Two letters of recommendation includes | you reach yo | our goals. Please state why | you think you | |
| the recommendation (neither family known you in a work or education set should be from a faculty member. All college transcripts. Only official tra NOTE: All information in the application package Scholarship Committee and will be destroyed on | nor friends) tting. If curro nscripts acc will remain | Include recommendations ently attending school, one epted. confidential within AAUW | s from those who have e of the two letters CT Shoreline | |

American Association of University Women is a membership organization changing the climate for women and girls.