

Sheboygan Branch American Association of University Women
Local Scholarship Foundation, Inc.

Scholarship Application – Deadline April 30

Key or Print (may be duplicated)

1. Applicant Name _____ Phone No. (____) _____

Address _____ WI _____

Street

City

State

ZIP Code

Email address _____ Birthdate _____

2. High School Name _____

City/State _____ Graduation Date _____

Cumulative H.S. GPA (8 semesters) _____ Point Base for Grading System _____

If graduated within the last 7 years, list high school extra curricular activities (include offices held, honor awards, recognitions, etc.)

3. Education Since High School

School	Location	Dates (From – To)	Credits Earned	GPA	Course of Study

Class standing next semester (circle one): Freshman Sophomore Junior Senior

Where will you be attending college next semester? _____

Full time _____ Part time _____ Expected Major _____

4. List community and volunteer activities (include offices held, awards, recognitions, etc.):

5. Work Experience - List Current/Last Job First

Employer Name	Location	Job Title	From – To	Brief Description of Duties

Give name, address, and phone number of a recent employer whom we could contact for information.

6. Income (please check and complete ONE)

_____ Single (no dependents)
 \$ _____ Your personal income (before taxes) for the past year.

_____ Single (with dependents) _____ No. of children _____ Ages of children
 \$ _____ Your personal income (before taxes) for the past year.
 \$ _____ Other (e.g., child support, Social Security, other assistance)

_____ Married _____ No. of children _____ Ages of children
 \$ _____ Your personal income (before taxes) for the past year.
 \$ _____ Spouse's gross income
 _____ Spouse's Employer
 _____ Spouse's Occupation

All Applicants: List other scholarships/aids expected for next term.

All Applicants: If you wish, explain any special financial circumstances which you would like this committee to consider.

7. **Due April 30.** Submit this form, the essay from p. 3, and **two letters of recommendation:**
 a) one from a teacher, guidance counselor or mentor, and b) one from an employer or community leader.
 Mail to Sheboygan Branch AAUW Local Scholarship Foundation, Inc.
 P.O. Box 52, Sheboygan, WI 53082-0052

8. I certify that the answers I have given to each and all of the foregoing questions are true to the best of my knowledge. I understand that any misrepresentation herein may cause my application to be rejected. I voluntarily give my consent to the Sheboygan Branch AAUW Local Scholarship Foundation, Inc., to verify information obtained in this application.

Date

Signature of Applicant

9. On this page (or a separate sheet of paper), key/print a short statement that includes the following:
- Why you desire further education.
 - Why you chose your particular field of study.
 - Any grants or aids that you are currently receiving.
 - Any additional information which you think will be useful to the Scholarship Committee.

Authorization and Release

To Whom It May Concern:

The undersigned has made application to the Sheboygan Branch American Association of University Women Scholarship Foundation. I hereby authorize the release of any and all information concerning my present and/or past employment, financial resources from any source including public bodies or agencies, education in both public and/or private institutions, service in the Armed Forces, character and past records to the Foundation upon their request.

I waive the confidential nature of any of these above matters requested and further waive any claim for the release and delivery or the furnishing or inspection of such information. I understand that a copy or faxed copy of this "Authorization and Release" is as valid as the original.

The validity of this written authorization terminates upon the granting or rejection of scholarship funds by the Foundation or upon written notice of the withdrawal of the application for funds or after one year from the date this "Authorization & Release" was signed.

Signature of applicant

Printed name of applicant

Date signed