HILLSBORO AREA BRANCH

AMERICAN ASSOCIATION

of

UNIVERSITY WOMEN

2014 SCHOLARSHIP APPLICATION
HILLSBORO AAUW SCHOLARSHIP APPLICATION

Since 1982, the Hillsboro Area AAUW has awarded scholarships to women in our community. The purpose of the scholarship is to promote the academic development of "non-traditional" female students. The non-traditional student is interpreted as a woman whose education has been interrupted or delayed.

QUALIFICATIONS

1. The applicant must be a current resident of the Highland County area.
2. The applicant must be at least 21 years of age by July 1, 2014.
3. The applicant must be attending an accredited college/university.
4. The applicant should have a minimum grade point average of 3.0.
5. Finalists must provide evidence of being enrolled in a degree program. If a finalist has a degree, she must show evidence of taking classes to further her education.

PROCEDURES

1. Print in ink or type the scholarship application. Attach additional sheets, as needed.
2. A college transcript is required. Applicants must have completed at least one quarter or semester. The transcript is to be sent directly from the college registrar to the AAUW address listed below no later than JULY 1, 2014.
3. Three letters of recommendations (form attached) must be completed and sent to the address listed by JULY 1, 2014. These should be submitted directly to the scholarship committee by the person completing the recommendation. They should not be given to the applicant or attached to the application.
4. Applications received after the deadline (JULY 1, 2014) will not be considered.
5. Scholarships will be awarded on the basis of academic achievement, clarity of stated goals/objectives, and determination of financial need.
6. Please note: Financial need will be one of the factors that will be reviewed by the committee in considering the scholarship applications. The information is not required, but evidence of need could be the deciding factor in the process.
7. Applications will be screened, and the scholarship committee will interview the finalists.
8. Scholarship recipient (s) will be selected by August 1, 2014. The scholarships will be awarded at the September AAUW meeting.
9. The scholarship award will be for a minimum of $200.
10. The check will be issued directly to the recipient (s) upon presentation of evidence of enrollment or completion of the term, as requested by the Scholarship Committee.

Mail all requested information to:
AAUW Scholarship Committee Chair
Post Office Box 303
Hillsboro, Ohio 45133
HILLSBORO AAUW
SCHOLARSHIP APPLICATION

Full Name _________________________ D.O.B. / /

Current Address _________________________ Street

City County State Zip

Length of time at current address ____________ Length of time at previous address ____________

Previous Address _________________________

City County State Zip

Email Address: _________________________

Home Phone (______) _________________________ Work Phone (______) _________________________

High School or GED Program

Name _________________________

Address _________________________

City/St _________________________

Date of Graduation _________________________ Date of GED _________________________

Post-Secondary Institution(s)

Name _________________________

Address _________________________

City/St _________________________

Date of Degree _________________________

Report employment history with dates and type of work/responsibilities.

________________________________________________________________________

________________________________________________________________________

Provide information about college activities, including offices held, and honors received.

________________________________________________________________________

________________________________________________________________________
Describe community activities, including offices held, and honors received.

________________________________________________________

________________________________________________________

________________________________________________________

State the reason(s) for your decision to continue your education at this time.

________________________________________________________

________________________________________________________

________________________________________________________

Relate your immediate and long-range professional goals.

________________________________________________________

________________________________________________________

________________________________________________________

Financial need will be one of the factors that will be reviewed by the scholarship committee in considering the scholarship applications. The information is not required, but evidence of need could be the deciding factor in the process.

Explain your need for financial assistance.

________________________________________________________

________________________________________________________

________________________________________________________

Explain your household income. You may wish to include 2013 gross/net income, any special circumstances that are relevant to this application (such as recent loss of/change in employment, etc.).

________________________________________________________

________________________________________________________

________________________________________________________
List all financial aid, grants, and/or scholarships that you are currently receiving or for which you have applied, including the amounts of each.

____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

List the names, addresses, and telephone numbers of at least three (3) individuals whom you have asked to fill out letters of recommendations. The person writing the recommendation should make the submission directly to the scholarship committee.

1. ____________________________________________  2. ____________________________________________
   ____________________________________________  ____________________________________________
   ____________________________________________  ____________________________________________

3. ____________________________________________  4. ____________________________________________
   ____________________________________________  ____________________________________________
   ____________________________________________  ____________________________________________

You may add any pertinent information that you would like the selection committee to know.

____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
HILLSBORO AAUW SCHOLARSHIP

LETTER OF RECOMMENDATION

The person listed on this sheet is applying for the American Association of University Women (Hillsboro Area Branch) Scholarship. Please respond in a timely manner, basing your comments on your experience with this applicant. Include your impressions regarding her dependability, resourcefulness, and ability to work toward goals, but feel free to add pertinent information in other areas. The letters of recommendation must be sent directly to the scholarship committee and should not be returned to the applicant. The scholarship committee must receive the letters by July 1, 2014.

Information may be sent to:
AAUW Scholarship Committee Chair
Post Office Box 303
Hillsboro, Ohio 45133

Applicant name: ________________________________

Respondent name: ________________________________

Respondent address: ________________________________

Respondent phone number: ________________________________

Relationship to applicant: ________________________________

Please attach this page (with the above information completed) to your letter. The deadline is July 1, 2014.

Signature of Applicant

Date

Signature of Respondent

Date
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