**College Scholarship Application**

**American Association of University Women**

**Seaside, OR Branch**

*This scholarship is for a female resident from northwestern Oregon or southwestern Washington enrolled or planning to enroll in a degree program. Candidate must have been out of high school five or more years. Scholarship can be up to $2000 and may be used at the college of your choice. Scholarship can be used for tuition, fees, and textbooks only.*

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last First Middle

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

Street City State Zip

Email Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Telephone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Educational Background:**

High School graduate or GED (specify):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_When:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other School(specify):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_When:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

College(where and when): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_College graduate:\_\_\_\_\_\_\_\_\_\_\_\_\_

Specify number of quarters/semesters remaining to achieve goal:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Planned program completion date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

With your application submit the following:

1) A copy of a transcript showing your last year of schooling

2) Two letters of recommendation

3) A one page or less essay briefly describing your work experience, volunteer services, goals for the next

two years, and ultimate goals.

4) A statement of need for this scholarship

YOUR APPLICATION WILL NOT BE CONSIDERED UNLESS ALL OF THE ABOVE ITEMS AND YOUR COMPLETED APPLICATION ARE RECEIVE BY THE DEADLINE DATE IN EARLY APRIL OF EACH YEAR. Contact scholarship foundation chair or Seaside AAUW president for exact date.

SEND APPLICATION TO:

AAUW-Seaside Branch Scholarship Chair \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

P.O. Box 693 (**Applicant’s** **Signature**)

Seaside, OR 97138

*(Note: If applying to CCC, return only the CCC application*

*for this scholarship to the financial aid office.* ***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

*Send complete packet to Seaside.) (***Date***)*