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Mountain Lakes Area Branch

AAUW

Scholarship Application

http://mountainlakes-nj.aauw.net

Applicant Requirements

1. **Female resident of Morris County**
2. **Completion of sophomore year at an accredited college or university**
   or
   matriculation in a Master's program by June 2019

Personal Statement

Name _____
First Maiden Last

Birth Date _____

Home Address_____**Preferred Phone** _____

City_____**ZIP** _____

Email Address_____

Occupation_____**Employer** _____

College, University, or Technical School Attended _____

Years Completed_____**Credits to Date**_____ **Part Time Student** ☐ **Full Time Student**

Major_____**Degree (if granted)**_____**Cumulative GPA** _____

Student Contact Information

College Address_____**Preferred Phone** _____

City_____**State**_____**ZIP** _____

☐ **Single** ☐ **Married** ☐ **Divorced** ☐ **Widowed**

Number of Dependents_____**Ages**_____

Financial Statement

Income

Applicant's Gross Income _____

Attach a copy of the first page of last year's IRS return indicating your gross income

For Next Year

What is the total amount needed for tuition?_____**For room and board?** _____

What is the total amount needed for transportation? _____

To Finance Your College Course

How are you personally contributing to the cost of your education?_____

_____

Have you received other scholarship aid?_____**If so, how much?** _____

What is your educational indebtedness? _____

What are your plans for financing the remainder of your education? _____

_____

References

Please attach three (3) signed letters of recommendation from diverse sources (not a relation).
(e.g. college, volunteer organization, clergy, employer, or friend)
Include addresses and phone numbers.

Certification

I certify that the above statements are true:

Signature_____**Date**_____

Remember to Include

Three signed letters of reference
A recent official transcript from your college
An income tax return (first page only)
A Signed Cover Letter including Personal and Career Goals

Applications must be postmarked no later than April 1, 2019

Return this application to: **Mountain Lakes Area AAUW Scholarship Committee**
c/o Candace Shanks
2107 Franklin Lane
Rockaway, NJ 07866

How did you hear about this scholarship application? _____

Would you like to learn more about AAUW? _____