

**ALICE LAWSON SCHOLARSHIP**

**APPLICATION**

## Applicant Information

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Full Name: |  |  |  | Date: |  |
|  | Last | First | M.I. |  |  |

|  |  |  |
| --- | --- | --- |
| Address: |  |  |
|  | Street Address | Apartment/Unit # |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  | City | State | ZIP Code |

|  |  |  |  |
| --- | --- | --- | --- |
| Phone |  | Email |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Date of birth: |  | Marital status |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Semester for which scholarship is being requested | **Fall 2022** |  | **Spring 2023** |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Have you applied for this scholarship before? | **No** |  | **Yes** |  | If yes, when? |  |

## Present Employment

|  |  |
| --- | --- |
| Employer |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Position |  | Salary: | $ | Hours/Week |  |

## Former Employment (may attach resume or separate sheet)

|  |  |
| --- | --- |
| Employer |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Position |  | Salary: | $ | Hours/Week |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Total credits competed prior to spring semester 2022 |  | Cumulative GPA\*\*Official Transcript required |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Major Field of Study |  | Minor Field of Study |  |

|  |  |
| --- | --- |
| Anticipated Date of Graduation |  |

Colleges/Universities and dates attended

|  |  |  |  |
| --- | --- | --- | --- |
| Name(s) of college/university | Dates Attended | Credits Earned | GPA |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

College and community activities (add additional information at the end of form):

|  |
| --- |
|  |

Academic and civic honors (add additional information at the end of form):

|  |
| --- |
|  |

**Include a one-page typewritten statement outlining your future educational and career goals, based on your personal and educational experience. (See final page of this application.)**



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 **FINANCIAL NEEDS FORM**

Applicant Information

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name: |  |  |  |
|  | Last | First | M.I. |

|  |
| --- |
| **Family status** |
| Is anyone beyond yourself contributing to your financial support? If so, how are they contributing? |
|  |
|  |
| Are you financially responsible for anyone besides yourself? |
|  |

Income

|  |  |
| --- | --- |
| Yearly Income | $ |
| Additional income (such as child support, SSI, AFDC, Public Assistance)  | $ |
| Additional Resources (such as support from family members or friends, etc.) | $ |

Estimated Financial Aid including tuition reimbursement, scholarship type and amount

|  |
| --- |
|  |

Additional Comments

|  |
| --- |
|  |



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 **CERTIFICATION OF TRUTH IN APPLICATION**

I have not misstated, misrepresented or omitted any information required in this application. I understand that failure to represent the truth in this application is grounds for disqualification. There is no appeal process.

I understand and agree to AAUW public relations activities, such as my picture receiving this award in the local newspapers and on the branch website.

I will keep the Scholarship Coordinator (Jane Schultz) informed of my contact information (phone, address, email) during the time of the scholarship award as a way of sharing my successes in graduating and achieving my goals.

I agree that typing my name in the signature box constitutes my legal signature.

|  |  |
| --- | --- |
| **ELECTONIC SIGNATURE:** |  |

|  |  |
| --- | --- |
| **DATE:**  |  |

**Future educational and career goals:**