



# 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: \_\_\_\_\_

How did you learn about this scholarship? \_\_\_\_\_

Have you applied for this scholarship before? No \_\_\_\_\_ Yes \_\_\_\_\_

Semester for which scholarship is being requested: Fall 2026 \_\_\_\_\_ Spring 2027 \_\_\_\_\_

Total credits completed prior to spring semester 2026: \_\_\_\_\_ Cumulative GPA\* \_\_\_\_\_  
\*Official Transcript required

I give my permission to post my photo in AAUW WC-CC branch newsletter/website, publicity releases, and Chester County Community Foundation website. No \_\_\_\_\_ Yes \_\_\_\_\_

### Present Employment

Employer: \_\_\_\_\_

Position: \_\_\_\_\_ Salary: \$ \_\_\_\_\_ Hours/Week: \_\_\_\_\_

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

Employer: \_\_\_\_\_

Position: \_\_\_\_\_ Salary: \$ \_\_\_\_\_ Hours/Week: \_\_\_\_\_

Confidential

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	Degree Earned	GPA

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

--

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

**Below include a statement outlining your future educational and career goals, based on your personal and educational experience.**

**Future educational and career goals:**



## ALICE LAWSON SCHOLARSHIP

### 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



## **ALICE LAWSON SCHOLARSHIP**

### **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 (Susan DeGeorge) 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.

**ELECTRONIC  
SIGNATURE:**

---

**DATE:**

---