



West Chester-Chester County (PA) Branch

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: _____

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:



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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 (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: _____