

**2012-2013 SCHOLARSHIP GRANT APPLICATION
AMERICAN ASSOCIATION OF UNIVERSITY WOMEN
SEASIDE BRANCH**

Name: _____
Last First Middle

Mailing Address: _____
Street City State ZIP

Birthdate: _____ Marital Status: _____ single
_____ married

Husband's name: _____ Husband's occupation: _____

Number of Children: _____ Ages of Children: _____

Other dependents (specify): _____

Social Security No: _____ Telephone: _____

Citizenship: _____ U.S. _____ Other (please specify): _____

EDUCATIONAL BACKGROUND:

High School graduate or GED (specify): _____ Other school (specify): _____
year

Some college (where): _____ College graduate: _____
degree/major/year

Specify number of quarters/semesters remaining to achieve your goal: _____

Planned program completion date: _____
month/year

With your application, submit a copy of a transcript showing at least your last year of schooling.

List on one page your work experience, volunteer service, goals for the next two years, and ultimate goals.

Your completed application should be mailed to the address listed below. Letters of recommendations should also be mailed to the same address. **YOUR APPLICATION WILL NOT BE CONSIDERED UNLESS BOTH RECOMMENDATION LETTERS AND YOUR APPLICATION ARE RECEIVED BY THE DEADLINE DATE.**

SEND APPLICATION TO:

**AAUW-Seaside Branch Scholarship Chair
P.O. Box 693
Seaside, OR 97138**

(Applicant's Signature)

(Note: If you are applying for other CCC scholarships, then you need to find this scholarship number on the list and mark its number on the CCC application. Return ONLY the CCC application for this scholarship to the Financial Aid Office, and send complete packet to Seaside.)

(Date)

DUE DATE: April 20, 2012

LATE APPLICATIONS WILL NOT BE CONSIDERED.