

American Association of University Women

Easton (PA) Branch

MEMORIAL FUND SCHOLARSHIP APPLICATION

Application form must be received no later than March $31,\,2022$

APPLICANT INFORMATION							
NAME					Date of Birth		
ADDRESS							
PHONE							
MARITAL STATUS	★ Never Married ★ Married ★ Widowed ★ Divorced						
DEPENDENT(S) INFORMATION	Dependent Name				Age	Relationship	
EDUCATION INFORMATION	High School	City, State				Date of Graduation	
	College/University #1	City,State		ate	Dates Attended	Number of Credits Earned	
	College/University #2	City,	Sta	ate	Dates Attended	Number of Credits Earned	
EMPLOYMENT HISTORY	EMPLOYER #1		Address				
	Job Title		Employment dates From: To:				
		1-10111.					
	EMPLOYER #2				Addres	SS	

	Job Title	En	nployment dates
		From:	То:
	EMPLOYER #3		Address
EMPLOYMENT			
HISTORY cont'd	Job Title	En	nployment dates
		From:	To:
	EMPLOYER #4		Address
	Job Title	En	nployment dates
		From:	То:
SPOUSE'S EMPLOYEMENT	OCCUPATION	EMPLOYER	
	SITY APPLICANT IS PLANNING To pated graduation date):	O ATTEND: (include nam	e, address, start date, degree being

Please write an explanation of how and why your education was interrupted, your career goals, how you plan to pursue them and a bit about yourself. Feel free to use additional pages if necessary:

Anticipated College/University expenses: Amount applicant, spouse or family can contribute to expenses:						
By my signature below:						
I certify that the above information is accurate and give AAUW Easton Branch the authorization to contact the colleges or universities listed to verify the information. I also state that financial aid is essential to enable me to attend college. The questions contained on this application have been answered truthfully and accurately to the best of my knowledge.						
Signature of Applicant:	Date:					

Application may be sent to: aauweastonscholar@gmail.com Easton, PA 18042