**American Association of University Women**

Easton (PA) Branch

**MEMORIAL FUND SCHOLARSHIP APPLICATION**

Please follow the instructions below when filling out this application. Failure to do so may make the application invalid.

 Applicant must complete each item thoroughly.

 Applicant must be returning to college with a period of one year interruption

 Applicant must be planning to attend a two-year or four-year, fully accredited college or university.

 Applicant must establish eligibility through financial need and scholastic merit.

 Applicant must submit a copy of their high school and or college transcript.

 A signed copy of the applicant’s Income Tax Return for the year 2022 or 2023 must accompany the application form if applicable.

**Application form must be received no later than March 29, 2024**

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

|  |  |  |
| --- | --- | --- |
| **EMPLOYMENT**  **HISTORY cont’d** | **EMPLOYER #2** | Address |
| Job Title | Employment dates  From: To: |
| **EMPLOYER #3** | Address |
| Job Title | Employment dates  From: To: |
| **EMPLOYER #4** | Address |
| Job Title | Employment dates  From: To: |
| **SPOUSE’S EMPLOYEMENT** | OCCUPATION | EMPLOYER |
| **COLLEGE/UNIVERSITY APPLICANT IS PLANNING TO ATTEND**: *(include name, address, start date, degree being pursued and anticipated graduation date):* | | |
| **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:** | | |

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Anticipated College/University expenses:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Amount applicant, spouse or family can contribute to expenses:

**\*\*Please include a copy of your2022 or 2023 Income Tax Return and all college transcripts\*\***

By my signature below:

| 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. 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](mailto:aauweastonscholar@gmail.com) Easton, PA 18042