



# 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 have completed at least one full year of college (no less than 24 credits) and have been away from college for at least one year.
- € 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.

**Application form must be received no later than March 31, 2025**

<b>APPLICANT INFORMATION</b>				
NAME			Date of Birth	
ADDRESS				
PHONE and EMAIL				
MARITAL STATUS	≥ Never Married ≥ Married ≥ Widowed ≥ Divorced			
<b>DEPENDENT(S) INFORMATION</b>	<b>Dependent Name</b>	<b>Age</b>	<b>Relationship</b>	
<b>EDUCATION INFORMATION</b>	<b>High School</b>	City, State		Date of Graduation
	<b>College/University #1</b>	City, State	Dates Attended	Number of Credits Earned

	<b>College/University #2</b>	City, State	Dates Attended	Number of Credits Earned
<b>EMPLOYMENT HISTORY</b>	<b>EMPLOYER #1</b>	Address		
	Job Title	Employment dates		
		From:	To:	

<b>EMPLOYMENT HISTORY cont'd</b>	<b>EMPLOYER #2</b>	Address		
	Job Title	Employment dates		
		From:	To:	
	<b>EMPLOYER #3</b>	Address		
	Job Title	Employment dates		
		From:	To:	
	<b>EMPLOYER #4</b>	Address		
	Job Title	Employment dates		
		From:	To:	

<b>SPOUSE'S EMPLOYMENT</b>	OCCUPATION	EMPLOYER
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**Taxable income from 2024 or 2025 tax return**

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**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:

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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. 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