



American Association of University Women (AAUW)
Farmers Branch/Carrollton
 Adult Continuing Education – ACE Award
 Annual Scholarship Application for Undergraduates
2017 - 2018

Note: This scholarship is intended to help women returning to further their education. It is the intention of the Farmers Branch/Carrollton American Association of University Women to help women who have had to stop or delay their education and now wish to return and complete a degree

Year for which support is requested: **August 2017 through May 2018**

Deadline for application: **Friday, February 24, 2017**

NAME: _____ **SOCIAL SECURITY #:** _____

STREET ADDRESS: _____ **CITY/STATE/ZIP:** _____

TELEPHONE: (HOME) _____ **(WORK)** _____ **(CELL)** _____

E-MAIL ADDRESS: _____

AAUW STUDENT AFFILIATE MEMBERSHIP (NOT REQUIRED): BRANCH: _____

PERSONAL INFORMATION: Age: _____ Date of High School Graduation: _____

Married: _____ Single: _____ Divorced: _____ Widowed: _____

Number of dependent children and ages: _____

EDUCATIONAL BACKGROUND: (must scan transcripts)

School Name with City and State	Dates Attended	Degree/Major

HONORS, ACTIVITIES, AWARDS RECEIVED:

Name of Award	Granted by	Date

EDUCATIONAL GOALS:

Name of institution you plan to attend: _____

- 4-year 2-year regionally accredited college/university
- Accredited licensed technical school
- Full time Part time

Proposed field of study: _____

Estimated time period to complete course work toward goal: _____

BUDGET:

Approximate Annual Family Income: _____

Give estimated total annual budget for school expenses: _____

Estimated Cost

Source of Funds Available

Tuition: _____

Books: _____

Other: _____

EMPLOYMENT:

Presently Employed? ____ No ____ Yes. If yes, where and in what capacity? _____

How does your present employment relate to your educational goals?

OTHER INFORMATION:

Have you ever received any other AAUW scholarship, award or grant? ____ Yes ____ No

If yes, indicate source and date(s): _____

How or from whom did you learn about this award? _____

Describe any activities or study in which you have participated in the past five years that relate to your goals:

List special reasons you believe you should receive this award:

ATTACHMENTS: (THESE *MUST BE INCLUDED WITH APPLICATION TO BE CONSIDERED*)

- An essay describing yourself, your goals and what prompted you to submit this application for consideration
- Two letters of recommendation
- Official transcripts from last college attended or current college attending

Signature of Applicant

Date

PLEASE COMPLETE THIS FORM AND E-mail COMPLETE PACKET FOR RECEIPT BY Friday, February 24, 2017 TO:

AAUW Scholarship Chair

Peggy Mason

Brookhaven College

3939 Valley View Lane

Farmers Branch, TX 75244

Phone: (972) 860-4148 e-mail: pmason@dcccd.edu