



**Hinsdale/Oak Brook Area AAUW
ADULT WOMEN SCHOLARSHIP PROGRAM
APPLICATION**

Please type or print neatly all information. Incomplete applications will not be considered. All information supplied in this application will be held in confidence.

PERSONAL INFORMATION

NAME _____
Last First Middle

ADDRESS _____
Street City Zip Code

NUMBER OF YEARS AT CURRENT ADDRESS _____

TELEPHONE NUMBERS _____
Home Cell Work

EMAIL ADDRESS _____

SINGLE ___ MARRIED ___ DIVORCED ___ WIDOWED ___ SEPARATED ___

NUMBER of ADULTS IN HOUSEHOLD _____

DEPENDENT CHILDREN _____ AGES _____

ACADEMIC INFORMATION

MAJOR FOCUS OF STUDY _____

PLEASE EXPLAIN YOUR GOALS FOR RETURNING TO SCHOOL. _____

HOW DO YOU PLAN TO USE YOUR ACQUIRED SKILLS? _____

ARE YOU CURRENTLY ENROLLED? _____ INSTITUTION _____

If not, when is anticipated date of enrollment? _____

Number of credit hours you are taking this term _____

Number of credit hours earned to date _____

Number of credit hours remaining for completion of your program _____

Anticipated month/year of completion/graduation _____

COLLEGES ATTENDED: In descending order starting with current enrollment. Please provide transcripts.

NAME	ADDRESS	DATES	DEGREE EARNED
_____	_____	_____	_____
_____	_____	_____	_____

HIGH SCHOOL ATTENDED:

NAME	ADDRESS	DATES	YEAR OF GRADUATION
_____	_____	_____	_____

GED CERTIFICATION? _____ YEAR RECEIVED _____

FINANCIAL INFORMATION

Provide your total anticipated costs for the upcoming term.

Tuition \$ _____
Fees \$ _____
Books \$ _____
Child Care \$ _____
Commute \$ _____

TOTAL \$ _____

EFC score from FAFSA _____

Indicate how you are planning to meet these costs. Please specify \$ amounts.

Personal Funds \$ _____
Loans \$ _____
Grants/Scholarships \$ _____
Employer Reimbursement \$ _____
Alimony/Child Support \$ _____
Supplemental Social Security (SSI) \$ _____
Other \$ _____

TOTAL \$ _____

List any Loans/Grants/Scholarships that you are applying for, or have received and specify dollar amounts.

EMPLOYMENT HISTORY

Are you currently employed? ___ Part-time ___ Full-time ___ Hours/week ___

Salary range (Please circle)

Under \$10,000/year \$10,000-20,000 \$20,000-30,000 >\$30,000/year

Additional Household Income ___ Explain source _____

List employment chronologically with most recent first.

Position	Employer/Organization	Dates
_____	_____	_____
_____	_____	_____
_____	_____	_____

PERSONAL STATEMENT (Please feel free to continue on a separate sheet.)

Please explain why you are returning to or continuing your education and why you have a need for financial help. Are there any exceptional circumstances that you would like us to consider?

AFFIRMATION

I affirm that the information I have given in this application is correct. I understand that all information will be kept in strict confidence.

Applicant's signature _____ Date _____

Incomplete applications will not be considered.

Return this application and ANY attachments, using the attached envelope. Mail to:

Gloria C. Hollister
848 S County Line Road
Hinsdale, IL 60521

Any questions, call 630-789-2746