## AMERICAN ASSOCIATION OF UNIVERSITY WOMEN Hilo Branch

## Scholarship Application For 2018-2019 Academic year

Name:		Date of Birth:					
Perman	nent address:						
E-M ail address:			Phone(s):				
Length	of residence on Big Island:	High School f	rom which you gra	aduated:			
Will yo	ou have earned the equival	ent of at least 60 cred	its at UHH by Fa	all semester	2018?		
Do yoı	u qualify to pay resident tu	ition at <u>UHH?</u>					
1.	Marital status: Single	Married V	Vidowed	Separated_	Divorced		
	Number of children:Other dependents (specify):	Ages:					
	If you are married:  Spouse's Name:						
	Spouse's Occupation	n: II tim <u>e:</u> Part time:	Employe	r:			
2.	Parent / guardian (If you a	are financially independ	dent, skip to ques	tion #3.)			
	Name of parent(s) or guardian(						
			Relationship to applicant:				
			Employer(s):				
	Number of dependent siblings: Number of siblings in also in college?  Total amount of financial aid/scholarships siblings received <u>last year:</u> How much of your financial support is supplied by the individuals listed above?						
	Annual family income:	\$10,000-19,999	\$20,000	-29 999			
		\$40,000-49,999			over \$60,000		
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3.	Personal income  a. Your personal annual income (include spouse's if applicable):							
		Under \$10,000	\$10,000-19,999	\$20,000-29,999				
		\$30,000-39,000	\$40,000-49,999	\$20,000-29,999 \$50,000-59,999	over \$60,000			
	b.	<ul> <li>If you have other sources of income, such as trust funds or child support payments, explain. If you are partially or completely self-supporting, explain.</li> </ul>						
	c. Describe any types of <b>in-kind assistance</b> that are you receiving from family or other benefactors: childcare, subsidized housing, etc.							
4.	<ol> <li>List college scholarships (sources, amounts, and dates), prizes, honors and awards you have received. Indicate membership in honorary societies, as well.</li> </ol>							
5.	This application must be signed by your major financial supporter. If you are self-supporting, check here and sign below. This information will be considered confidential by AAUW. Please give any further details you feel are pertinent. Financial need is one of the criteria used by the scholarship committee. Therefore you should clarify your need for financial assistance as completely as you can. Attach an extra sheet if necessary.  I certify that financial assistance is necessary for this applicant to complete her educational program.							
		Date	Signature of major	supporter or applicant (if s	elf-supporting)			
6.	6. Education: List all high schools and colleges attended:  Name of School City & State Dates Attended Degree Re							
High so	hool	(s)						
College					_			
Other	(-)							
		(Attach an extra sheet	if necessary.)					

7.	If there were any breaks	in your previous educatio	on, explain:			
8.	Employment: Describe a	nd give dates for full or part-	-time work in the past 2 years.			
	<u>Dates</u>	Employer	Responsibilities			
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9.		orojects, etc.) and offices that	raduation (athletics, dramatics, organizations, at you have held.			
10.	<b>Give the names of two references,</b> who will complete the attached recommendation forms. At least one of the references should be a professor in your major field; the second reference could be another professor, a supervisor, or someone familiar with your academic work and capabilities, and your character.					
	<u>Name</u>	Position	<u>Address</u>			
11.	your particular field of study	and your career goals. How	(one or two pages) giving your reasons for choosi widid you first become interested in the field? Who past that now prepare you to succeed?	_		
12.	Statement of Applicant:					
	I understand that the decision of the scholarship committee is final. I agree that this application and all credentials submitted by me or others on my behalf will remain the property of the American Association of University Women, Hilo Branch. If I am awarded an AAUW Scholarship, it is my intention to pursue a baccalaureate degree or a post-baccalaureate degree/certificate at the University of Hawaii at Hilo (UHH). I realize that if my plans should change and I do not continue my studies at UHH, I will no longer qualify to receive the award.					
	Date		Signature of Applicant	_		

Completed application, transcripts and letters of recommendation must be postmarked by March 20, 2018.