



**SCHOLARSHIP APPLICATION**  
AMERICAN ASSOCIATION OF UNIVERSITY WOMEN  
Green Bay Area Branch

**Purpose:** to give financial assistance to returning adult women pursuing their first **associate degree** at the NWTC-Green Bay Campus. **\*\*Not applicable to certificate or diploma accreditation.**

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_  
\_\_\_\_\_

Phone \_\_\_\_\_ Marital Status \_\_\_\_\_ Age on September 1, 2019 \_\_\_\_\_

Names and ages of others in your family unit \_\_\_\_\_  
\_\_\_\_\_

Occupation (if applicable) \_\_\_\_\_ Hours per week \_\_\_\_\_

Your Employer \_\_\_\_\_ Spouse's Occupation \_\_\_\_\_

**A. SCHOLASTIC INFORMATION**

1. Major Subject \_\_\_\_\_ Semester of standing as of Fall 2019 \_\_\_\_\_

2. How many credits are you planning to enroll in for 2019? \_\_\_\_\_

3. Is this your first associate degree? Y or N

4. Total credits earned as of December 2018 \_\_\_\_\_ GPA \_\_\_\_\_

5. Please check graduation date: \_\_\_\_\_ December 2019 or \_\_\_\_\_ May 2020

6. List any college academic honors and awards received. Specify when and where.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**B. TRANSCRIPTS**

**\*\* Attach copies of your grade transcripts from post-secondary studies to this application.**

**C. PERSONAL INFORMATION**

1. List college-related academic and non-academic activities and memberships (note year).

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2. List past and current non-school volunteer activities beyond high school, as well as hobbies of special interest to you.

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**D. FINANCIAL INFORMATION**

1. Scholarships /Grants Received:

Year _____	Amount _____
Year _____	Amount _____
Year _____	Amount _____
Year _____	Amount _____

- Student Loans Received:

Year _____	Amount _____
Year _____	Amount _____
Year _____	Amount _____
Year _____	Amount _____

2. Have you applied for aid for the upcoming year? Y or N

3. If yes, please sign to authorize AAUW to receive financial aid information from your college, if needed.

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4. Total family estimated expenses for the year: \_\_\_\_\_

**E. STATEMENT OF:**

1. Personal Goals
2. Career Objectives
3. Need for Financial Assistance

***\*\*Please complete your answers on the back of this sheet of paper or on a separate Word document to print out, 1.5 spacing and no longer than one page.***

**F. STATEMENT OF ACCURACY:**

**The above information is correct to the best of my knowledge.**

**Signed** \_\_\_\_\_ **Date:** \_\_\_\_\_

Questions: Call 920-499-9899

Mail application to: AAUW GB Area Branch Scholarship  
1150 Hill Drive  
Oneida, WI 54155