

AAUW Kenosha Branch
Scholarship applications
2019-2020

The Kenosha Branch of AAUW (American Association of University Women) is offering a scholarship for the 2019-2020 school year. Kenosha County residents currently attending or planning to enroll in a college or any institute of higher learning are eligible to apply.

Please print a copy of the application and send to:

Judy Reynolds

7209 57th Avenue #204

Kenosha WI 53142

Applications must be postmarked on or before March 28, 2019.

ANNUAL KENOSHA COUNTY SCHOLARSHIP APPLICATION 2019

for AAUW (American Association of University Women)

PERSONAL DATA

Student's full name _____

Student's address _____

_____ Phone _____

Date of birth _____ M/F _____

Parent contact:- Name _____ Phone _____

Names and ages of siblings (if applicant under age 25) _____

CAREER GOALS

Area or field of study _____

Type of job this will lead to _____

Reason for this choice _____

EDUCATIONAL PLANS

Planned school of attendance _____

City _____ State _____

Estimate length of time for schooling _____

SCHOOL RECORDS

Name of high school _____

Rank in class _____ out of _____

(Grade and test questions pertain to current high school students)

Overall grade point average (please indicate whether 4.0 or 6.0 grade scale) _____

Using the 6.0 grade scale, give your overall grade point

average _____

College entrance exams taken:

Name _____ Score _____

Post Secondary schools attended

Name of school _____

City and State _____ Dates _____

Number of college credits earned _____

FINANCIAL INFORMATION

Estimated cost per semester _____ How will it be
financed _____

Present annual family income _____ Family will assist _____

**EMPLOYMENT INFORMATION: List dates of past and/or present employment
(including summer and part-time)**

**HONORS/AWARDS/ACTIVITIES: Civic, extracurricular, hobbies, etc. State nature
of honor or award and date received**

PERSONAL INFORMATION

**In a short essay, what would you like us to know about you that would help us in
considering you for a scholarship?**

I hereby authorize scholarship committee members of the participating organization(s)
to examine any of my school records. All of the above information is correct to the best
of my knowledge.

Signature of applicant _____ Date _____

Please return your application, postmarked by March 28, 2019, to: Judy Reynolds, 7209 57th Avenue
#204, Kenosha WI 53142-3684 (phone: 694-9773)