

American Association of University Women Laguna Beach Branch

<https://lagunabeach-ca.aauw.net>
AAUW Scholarship Application

Applicant Information			
Full Name:	Last Name	First Name	Middle Name
Address:	Number/Street	City	State/County
			Zip
Campus Phone Number:	Cell Phone Number:		
E-mail Address:			

Educational Background	
Major:	School of Enrollment:
Degree Objective:	
<input type="checkbox"/> Bachelor of Science (B.S) <input type="checkbox"/> Bachelor of Arts (B.A) <input type="checkbox"/> Bachelor of Fine Arts (B.F.A.)	
Year in School:	Year and Term Entered UCI:
<input type="checkbox"/> Junior <input type="checkbox"/> Senior	<input type="checkbox"/> Fall <input type="checkbox"/> Winter <input type="checkbox"/> Spring Year:
Expected Date of Graduation:	Please indicate the date and duration of your break from an educational institution:
<input type="checkbox"/> Fall <input type="checkbox"/> Winter <input type="checkbox"/> Spring Year:	

Recent Colleges:			
College	Units Completed	Dates of Attendance	GPA

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Activities, Leadership, Service and Research Projects			
Organization	Position	Dates	Description of Activities

Academic Achievements, Scholarships, Honors and Awards		
Name	Date	Description

Current or Past Employment		
Position	Dates	Hours per Week

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Personal Statement

Please submit a brief statement (50 words or less) in response to the following question:

What are your career goals based on your major?

Certification - To Be Signed By All Applicants

Applicants who have attended other post-secondary institutions (those beyond high school), MUST submit a copy (photocopy or unofficial copy will suffice) of their academic transcript from each institution they have attended. Failure to do so will result in disqualification of their application. Your signature (or typed name) below indicates that all information you have provided is true, correct, and complete.

Applicant's Signature

Date