

American Association of University Women Laguna Beach Branch

<https://lagunabeach-ca.aauw.net>

Applicant Information			
Full Name:	Last Name	First Name	Middle Name
Address:	Number/Street	City	State
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) Bachelor of Fine Arts (B.F.A.)	
Year in School:	Year and Term Entered UCI
<input type="checkbox"/> Junior Senior	Fall Winter Spring Year:
Expected Graduation Date	Please indicate the date and duration of your break from an educational institution:
Fall Winter 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 (100 words or less) in response to the following question:

What are your career goals based on your major?

Brief Biography

Please submit a *brief* personal biography (100 words or less) that you would be willing to have us share with our membership and other donors should you be awarded an AAUW scholarship.

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Essay

Write a 250-word essay that addresses the three topics listed below. You may continue on the next page if necessary.

- *What special qualities, attributes or skills do you have? How did you develop them?*
- *Explain the reason for your break in education and describe how your time was spent during that break.*
- *What challenges in your life have you faced and how have you negotiated them?*

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Essay (cont if needed)

Certification - To Be Signed By All Applicants

Applicants who have attended any 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
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