

AMERICAN ASSOCIATION OF UNIVERSITY WOMEN  
Great Falls, Montana Branch

**\$2,000 Traditional Student Scholarship Application**

SCHOLARSHIPS ARE AVAILABLE FOR 2017

Applicant requirements:

1. Must be a female resident of Cascade County for a minimum of 6 months.
2. Must be a fulltime college JUNIOR, SENIOR, OR GRADUATE STUDENT STARTING IN FALL SEMESTER 2017.
3. Must have a current minimum cumulative GPA of 3.0.
4. Must have at least 2 semesters of school remaining.
5. May receive the award only once.

Application requirements:

1. Submit a completed application. (3 pages attached)
2. Submit **current college transcript** plus transcripts from any previous colleges attended. Transcripts can be official or unofficial.
3. Submit a personal, **signed** statement (300-words maximum) stating your professional goals and how past, present, and future activities affect them.
4. Submit 2 current academic and 1 personal letters of reference. These can be mailed separately by the letter writers.

The Scholarship Committee will rate each applicant on these criteria:

1. Scholastic achievement – maximum 25 points
2. Personal statement – maximum 25 points
3. Community service/activities – maximum 10 points
4. Financial need – maximum 20 points
5. Reference letters – maximum 20 points

Mail the application, transcripts, personal statement, and letters of reference to:

Carol Potera  
P.O. Box 7423  
Great Falls, MT 59406

**All materials must be postmarked by March 30, 2017.**

Recipients will be notified in late April 2017. An awards luncheon will be held on Saturday, May 6, 2017.

Please email questions to [aauw.scholarship.cascade@gmail.com](mailto:aauw.scholarship.cascade@gmail.com) or call 406-452-5660.



10. College you will be attending next year	Field of Study	Class status next fall  (Circle one)  Jr   Sr   Grad	
11. College Residence	City	State	Zip Code
12. Address of College Administration	City	State	Zip Code
13. Recent Honors and Awards			

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14. School Activities/Interests			
Name	Responsibilities/Involvement	Grades: HS, College	Hrs/Month
15. Community Service:			
Organization	Responsibilities/Involvement	Year(s)	Hrs/Month
16. Personal History:			
Mother	Father	Spouse	
Name:			
Address:			
Employer:			
Position			

17. Name(s), age(s) of other dependant family members and their relationship to you (siblings, children)

18. Are there any unusual financial hardships that might prevent continuation of your education?

No \_\_\_\_\_ Yes \_\_\_\_\_ If yes, please explain:

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19. Previous Scholarship/Grants	Year(s) Received	Amount Received

20. Will it be necessary for you to work during the school year? Explain:

21. Estimated budget for the next academic year. (Income sources DO NOT have to equal projected expenses.)

<u>PROJECTED COLLEGE EXPENSES</u>		<u>ANTICIPATED MONETARY SOURCES</u>	
Tuition & Fees	\$	Parents/Spouse	\$
Books & Supplies	\$	Personal Savings	\$
Room	\$	Job	\$
Board	\$	Scholarships/Grants	\$
Other	\$	Loans	\$
	\$	Other	\$
<b>TOTAL</b>	<b>\$</b>	<b>TOTAL</b>	<b>\$</b>

22. References: Two (2) academic and one (1) personal. Must be in by due date of application

<u>Full Name &amp; Title</u>	<u>Occupation</u>	<u>Address</u>	<u>Phone No.</u>

23. Must be read and signed by applicant:

\*Federal regulations require us to obtain permission from the awarded persons for release of academic and biographical information to the scholarship donor and/or the news media. By signing below, I agree that the relevant information may be so released.

\*Further, by signing below, I confirm the accuracy of the enclosed information and understand that any false or misleading statements may invalidate my application.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**How did you find out about this scholarship? Please circle all that apply.**

A. Financial Aid Office   B. Parents or Friend   C. AAUW Member   D. AAUW-Great Falls Website   E. Great Falls Tribune  
G. Other \_\_\_\_\_