Great Falls, Montana Branch

$3,000 Non-Renewable

Student Scholarship Application

Upper class or Graduate Student

Deadline Tuesday April 30, 2024

Payable for Fall Semester 2024

Applicant requirements:

Applicant is a Resident of Cascade County

Applicant is enrolled in a Bachelor’s Degree or Graduate Student Program

Applicant is a full time student

Applicant is a Junior, Senior or Graduate Student

Applicant is enrolled in a college or university accredited by the Northwest Commission on Colleges & Universities or another association recognized by the council for Higher Education Accreditation

Application instructions:

Submit completed application with all elements

Submit current college transcript, official or unofficial

Submit Two References that will be contacted

Sign the application where indicated -we will verify your enrollment with your enrollment office

The scholarship will be given to the Financial Aid Office but have your name on it- you will show a facial ID card for signature as the confirmation of receipt of monies applied to the tuition due Fall 2024

Call with questions: Marianne Gliko 406-799-6894

Email the full application and its required documents to [mariannegliko@hotmail.com](mailto:mariannegliko@hotmail.com) or by USPS mail to:

Marianne Gliko

PO Box 73

Monarch, MT 59463

**SCHOLARSHIP APPLICATION for Upper Classmen or Graduate Student**

$3,000.00 Non-renewable Scholarship for Fall Semester 2024

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 1. Last Name First | | Name |  |  | Middle | |
| 2. Cascade County Address | | City | |  | | Zip Code |
| 3. Cell | 4. Email | | |  | | |
| 1. Birthdate Age 2. Marital Status | 7. Children/Ages | | | 8. Other Dependents (if applicable) | | |
| 9. College you will be attending next semester/ | | Field of study | |  | 10.Number of credits completed by the end of this semester:  Number of credits taking next semester: | |
| 11. High School(s) & College(s) attended: | | Name & Location | |  | | Dates |
|  | |  | | | |  |
|  | |  | | | |  |
| **\*12**. In a 500 word narrative, please describe your reasons for seeking this scholarship to include:  \*Why you are applying for this scholarship  \*Why you chose the field you’re studying and your goals and plans for the future  \*Previous family/school/work/experience affecting your current status   * Sources of income, including grants, loans, employment, family contributions, financial need statement   Involvement in school/community activities | | | | | | |
| **13. BY YOUR SIGNATURE YOU ARE AUTHORIZING AAUW TO CONTACT YOUR DESIGNATED SCHOOL FOR VERIFICATION OF YOUR TRANSCRIPTS, EFC (FAFSA), OR REFERENCES**  **Your signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | |

**14. Two references that will be willing to provide character witness:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name, Relationship** | **Phone Number** | **Occupation** | **Address (email preferred)** |
|  |  |  |  |

**15. Must be signed by applicant:**

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

Optional: Federal regulation requires us to obtain your permission to release your academic or biographical information to AAUW and/or the media if you win the award. By signing below, I agree that relevant information may be so released.

Signature Date

**REMINDER: Items to be included with application:**

**A current college transcript**

**The release form for the school must be signed (see above)**

**At least two character references**

The completed application, transcript, signed release and must be **postmarked at the latest on Tuesday, April 30, 2024**

**Email** [**mariannegliko@hotmail.com**](mailto:mariannegliko@hotmail.com)

**or send to:**

**AAUW Upper Classmen and Graduate Student Scholarship Committee**

**C/O** **Marianne Gliko**

**P.O. Box 73**

**Monarch, MT 59463**

Please contact Marianne Gliko Cell # 406-799-6894 or [mariannegliko@hotmail.com](mailto:mariannegliko@hotmail.com) with questions.