

**AAUW
AMERICAN ASSOCIATION OF UNIVERSITY WOMEN
RACINE, WISCONSIN BRANCH
2017 APPLICATION FORM**

Name of Applicant: _____
 First Middle Last

Legal Address: _____
(Must be in the city or county of Racine, Wisconsin)

Phone Numbers where you can be reached: (____) _____; (____) _____

Date of Birth: _____
 Month Day Year

Address at School: _____

_____ (If the same as Legal Address, write "Same as Above".)

Email Address where you can be reached: _____

ACADEMIC INFORMATION:

College/University Currently Attending: _____

College Identification Number: _____

Other Colleges/Universities attended – give dates:

Cumulative Grade Point Average: _____

College/University you will be attending in September 2017

Major: _____ Minor: _____

In September 2017, I will be a ____ First Semester Junior or a ____ Second Semester Junior.

a ____ First Semester Senior or a ____ Second Semester Senior

a ____ First Semester Sophomore or a ____ Second Semester Sophomore at a two-year institution

List the extracurricular activities and/or work experience in which you have participated while in college that will further your career and/ or improve your community:

FINANCIAL INFORMATION:

CIRCLE the box showing the combined income of your parent(s) if they are supporting you OR the combined income of you and your spouse if you are married OR your own total income if you are supporting yourself.

Less Than \$25,000	\$25,000 To \$49,999	\$50,000 To \$74,999	\$75,000 To \$99,999	\$100,000 To \$124,999	\$125,000 To \$149,999	\$150,000 Or More
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CHECK your main source of financial support: 1. Parents ____ 2. Spouse/You ____ 3. Self ____

A copy of the most recent financial aid form filed with your College/University must be included with this application. (FAFSA)

FINANCIAL NEED COMPUTATION :

Estimated Expenses 2017-18 Academic Year

Estimated Financial Assets 2017-18

- a. Tuition _____
- b. School year housing _____
- d. Books _____
- c. Transportation and Personal Expenses _____

- a. Scholarships _____
- c. Loans _____
- b. Earnings _____
- d. Parental/ Spousal Assistance _____
- e. Other _____

TOTAL EXPENSES: _____

TOTAL ASSETS: _____

REFERENCES:

Name of Current Academic Reference:

Name of Personal Reference (**NO FAMILY MEMBERS OR GUARDIANS**):

CERTIFICATION:

I hereby certify that all information given in this application is correct to the best of my knowledge.

Signature of Applicant: _____ Date: _____

Please tell us how you heard about this scholarship. *Circle* all that apply: School Financial Office, Newspaper, Parent/ Relative, Friend, AAUW Web site, Facebook, Twitter, Other _____.

NOTE: All information provided with this application will be held in strictest confidence and destroyed after the award has been made.