



**AMERICAN ASSOCIATION OF UNIVERSITY WOMEN
RACINE, WISCONSIN BRANCH
2019 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 Entering in 2019/20: _____

College Identification Number: _____

Other Colleges/Universities attended – give dates:

Cumulative Grade Point Average: _____

College/University you will be attending in September 2019

Major: _____ Minor: _____

In September 2019, 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 2019-20 Academic Year

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

Estimated Financial Assets 2019-20

- 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**):

NCCWSL (National Conference for College Women Student Leaders - www.nccwsl.org):

This year the Racine Branch of AAUW will award one or two applicants an additional \$1,000 scholarship to attend the NCCWSL Conference held May 29 to June 1, 2019 in College Park, Maryland (outside of Washington, D.C.). If you would be interested in attending this Conference, please indicate this in your essay.

CERTIFICATION:

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

Signature of Applicant: _____ Date: _____

NOTE: All information provided with this application will be held in strictest confidence.