



ADIRONDACK BRANCH OF AMERICAN ASSOCIATION OF UNIVERSITY WOMEN

Adirondack Branch Memorial Scholarship Application

TO APPLY FOR THIS SCHOLARSHIP: You must be **ALREADY** attending a two year accredited college, working for an associates degree; a four year accredited college, working for a Bachelor's (or equivalent) degree; completing a two-year college, already accepted into a four-year Bachelor's Program (a letter of acceptance must be enclosed); OR a Graduate student who has earned at least 4 graduate hours credit. General requirements: you must be a resident of the area served by the Adirondack Branch of AAUW. Criteria for awarding scholarship: scholastic achievement, need, commitment to college program that indicates probable completion of college.

Name _____

Home Address _____

Mailing Address (if different) _____

Local Phone Number: _____

E-mail Address: _____

Secondary School Attended: _____ Year Graduated: _____

College you are presently attending: _____

College to which you will be transferring (if applicable) _____

(Attach letter of acceptance)

Anticipated year of graduation: _____ Degree you are seeking: _____

Major: _____

Financial:

Annual Tuition: _____

Room/Board: _____

Estimated Extra Expenses: _____

(books/transportation etc.)

TOTAL ANNUAL EXPENSES _____

Plans for Financing:

Scholarships/Grants: _____

Loans: _____

Household Income:

Father’s employer and occupation: _____

Father’s annual income: _____

Mother’s employer and occupation: _____

Mother’s annual income: _____

Spouse’s employer and occupation: _____

Spouse’s annual income: _____

Your annual income: (include summer employment, school employment, etc.) _____

Additional Sources of Income: (child support, alimony, investment income) _____

References:

Names and addresses of two persons who will contact us to provide a reference. One of these should be an academic reference from high school or college. (principal, guidance counselor, advisor, professor) The two letters provided with this application should be given to your references which they should then return directly to us:

1. _____

2. _____

Academic Record: Please include an official transcript of your college grades to date. Graduate students send transcript of graduate courses.

Extracurricular Activities/Awards:

Reasons for Application/Additional Information

Please be as specific as possible (i.e. mother’s and/or father’s employment, number in family, others in the family in college at present, unusual circumstances such as medical expense.) Indicate any factors that concern your need for financial help. The application is completely confidential. Use back of this sheet and /or additional sheet if necessary.

Please mail application to: Janice Ritter, 236 Konci Terrace, Lake George, NY 12845

Please have all components (application, references, and transcripts – 2 year graduates please remember to include letter of acceptance to 4 year college and copy of your reply) returned by: March 1, 2012.

Revised 9/11