Beverly J. Smith Memorial Scholarship

Scholarship Announcement

American Association of University Women
Harrisburg Branch
Beverly J. Smith Memorial Scholarship
$2,500 Scholarship
Awarded Annually
2015-2016 Academic Year

The Beverly J. Smith Memorial Scholarship was established by the Harrisburg Branch of the AAUW to honor our past president. Ms. Smith was a nationally known and respected expert on refugee resettlement and immigration. She devoted her life to helping people of diverse nationalities begin new lives and obtain education, homes, health care, and legal advice. We want to honor her memory by assisting the education of a woman working towards a Bachelor’s degree. We would especially like to assist someone who embodies Ms. Smith’s vision.

Eligible candidates must meet the following criteria:
1. Permanent resident of Dauphin, Cumberland or Perry County
2. Attend an accredited college or university located in Pennsylvania
3. Female student having completed at least 60 credits toward a Bachelor’s degree by end of spring 2015 term
4. Enroll full-time as student in the fall 2015 term
5. Demonstrate academic achievement with at least a 3.4 GPA
6. Demonstrate financial need

Applicants must submit the following materials by June 1, 2015, to the AAUW Scholarship Chair, P.O. Box 60911, Harrisburg, PA 17106-0911:
1. Completed application
2. Official transcript through spring term 2015
3. Financial aid form
4. Verification of enrollment
5. Essay
6. 3 personal references (2 of which must be academic)

Additional information and application materials are available on the AAUW website: http://harrisburg-pa.aauw.net. The Harrisburg Branch of AAUW may be contacted by email at HbgAAUWScholarship@gmail.com.

Deadline for Application Packet: June 1, 2015

The AAUW Scholarship Committee may interview finalists as part of the selection process and the awardee will be honored at our branch luncheon in September 2015. The scholarship recipient may also receive Branch support to attend the National Conference for College Women Student Leaders (http://www.nccwsl.org/).
Beverly J. Smith Memorial Scholarship

Applicant: ____________________________ Date: ___________

Include your name at the top of each page. Complete the Application and Essay. Obtain references. Request financial aid information. Be sure to include additional documentation and information as directed. Type or print neatly.

Part I. APPLICATION

<table>
<thead>
<tr>
<th>Contact and Residence Information</th>
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<tbody>
<tr>
<td>Permanent Address:</td>
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<tr>
<td>Street</td>
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<tr>
<td>City, State, Zip</td>
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<tr>
<td>County:</td>
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<td>Phone:</td>
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<td>Email:</td>
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<td>City, State, Zip</td>
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<tr>
<td>County:</td>
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<td>Phone:</td>
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<td>Email:</td>
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<tr>
<th>High School and College(s) Attended</th>
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<td>Name</td>
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Deadline for Submission: June 1, 2015
Return to: Becky Cotich, AAUW Harrisburg, P.O. Box 60911, Harrisburg, PA 17106-0911
Email: HbgAAUWScholarship@gmail.com
URL: http://harrisburg-pa.aauw.net
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Beverly J. Smith Memorial Scholarship

Applicant: _______________________________  Date: _____________

**Major Course of Study:**

**Cumulative GPA as of last semester:**
(Note: An official college transcript through spring term 2015 must be included with the application)

<table>
<thead>
<tr>
<th>Extracurricular Activities (include employment, if applicable)</th>
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<td>Activity</td>
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Part II. ESSAY QUESTION

Please type or print neatly and limit your response to one page and 300 words maximum

Essay Question:

AAUW’s mission is to advance equity for women and girls through advocacy, education, philanthropy and research.

Beverly Smith’s philosophy of life could be summarized in the following Chinese proverb she favored:

Tell me, I forget
Show me, I remember
Involve me, I understand

How would your goals in life and field of study allow you to incorporate the values of AAUW and Beverly Smith?
Part III. References

Using the forms provided with this application, please submit three personal references. At least two of your references must be academic.
REFERENCE FORM #1

This student is applying for a $2,500 scholarship from the AAUW Harrisburg Branch. Please complete this reference and return it to the student for inclusion in her application. Thank you for your cooperation.

1. How long and in what capacity have you known this student?

2. What three adjectives best describe this applicant and why?

3. Give a brief description of the student’s academic, job related or extracurricular achievements you believe are indicative of future success.

____________________________________
Signature of Reference

________________
Date

________________
Signature of Reference

________________
Name of Reference

________________
Relationship to Applicant

________________
Address

________________
Phone

________________
Email

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Applicant: _______________________________  Date: _____________

REFERENCE FORM #2

This student is applying for a $2,500 scholarship from the AAUW Harrisburg Branch. Please complete this reference and return it to the student for inclusion in her application. Thank you for your cooperation.

1. How long and in what capacity have you known this student?

2. What three adjectives best describe this applicant and why?

3. Give a brief description of the student’s academic, job related or extracurricular achievements you believe are indicative of future success.

____________________________________  _____________
Signature of Reference  Date

Signature of Reference
Name of Reference
Relationship to Applicant
Address
Phone
Email

Deadline for Submission: June 1, 2015
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Applicant: ______________________________ Date: ______________

REFERENCE FORM #3

This student is applying for a $2,500 scholarship from the AAUW Harrisburg Branch. Please complete this reference and return it to the student for inclusion in her application. Thank you for your cooperation.

1. How long and in what capacity have you known this student?

2. What three adjectives best describe this applicant and why?

3. Give a brief description of the student’s academic, job related or extracurricular achievements you believe are indicative of future success.

____________________________________
Signature of Reference

________________
Date

____________________________________
Signature of Reference

Name of Reference

Relationship to Applicant

Address

Phone

Email

Deadline for Submission: June 1, 2015
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Applicant: ________________________________ Date: _____________

Part IV. DOCUMENTATION:
Consent to Release Educational Records
Official Transcript
Proof of Enrollment
Financial Aid Information

Deadline for Submission: June 1, 2015
Return to: Becky Cotich, AAUW Harrisburg, P.O. Box 60911, Harrisburg, PA 17106-0911
Email: HbgAAUWScholarship@gmail.com
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CONSENT TO RELEASE EDUCATIONAL RECORDS TO A THIRD PARTY
***NOTE: PRIVACY ACT ENFORCED***

I, ___________________________________________, hereby request and give my consent to the release of those educational records specified below to the American Association of University Women, Harrisburg Branch Scholarship Chair, Becky Cotich, P.O. Box 60911, Harrisburg, PA 17106-0911.

It is further understood that the high school, college, or university will inform the above named applicant that any and all information contained in those educational records may not be transferred to another third party without her written consent.

Materials to be released:
1. Official Transcript
2. Beverly J. Smith Memorial Scholarship Financial Aid Form
3. Verification of Enrollment

Reason for this release:
Application for American Association of University Women, Harrisburg Branch, Beverly J. Smith Memorial Scholarship

__________________________________________________________
Student Signature
Beverly J. Smith Memorial Scholarship

FINANCIAL AID FORM

To be completed by the Financial Aid Officer at the Institution the applicant plans to attend during the 2015-2016 academic year.

<table>
<thead>
<tr>
<th>Student Name:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Student ID#:</td>
<td></td>
</tr>
<tr>
<td>Permanent Address:</td>
<td></td>
</tr>
<tr>
<td>School/College Name:</td>
<td></td>
</tr>
</tbody>
</table>

Will this student be enrolled full time for fall term 2015?  
- Yes  
- No

Grade Classification for fall term 2015:  
- Freshman  
- Sophomore  
- Junior  
- Senior

Student Status:  
- Dependent  
- Independent

Has this student filed a FAFSA for the 2015-2016 academic year?  
- Yes  
- No

<table>
<thead>
<tr>
<th>Annual Costs for 2015-2016 Academic Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tuition</td>
</tr>
<tr>
<td>Required Fees</td>
</tr>
<tr>
<td>Room and Board</td>
</tr>
<tr>
<td>Books and Supplies</td>
</tr>
<tr>
<td>Other Expenses (explain)</td>
</tr>
<tr>
<td>Total Cost of Enrollment</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2015-2016 Expected Family Contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student</td>
</tr>
<tr>
<td>Parent(s)</td>
</tr>
<tr>
<td>Total</td>
</tr>
</tbody>
</table>

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Rev. 01/2015
# Beverly J. Smith Memorial Scholarship

Applicant: ___________________________  Date: _____________

Student Name: ____________________________________________

Student ID#: ______________________________________________

## Financial Aid: Actual or Estimated

<table>
<thead>
<tr>
<th>2015-2016 Financial Aid</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>A. Gift Aid</strong></td>
</tr>
<tr>
<td>College Grants (need based)</td>
</tr>
<tr>
<td>PELL</td>
</tr>
<tr>
<td>PHEAA</td>
</tr>
<tr>
<td>FSEOG</td>
</tr>
<tr>
<td>Private Scholarships</td>
</tr>
<tr>
<td>Institutional Scholarhips</td>
</tr>
<tr>
<td><strong>B. Self-Help</strong></td>
</tr>
<tr>
<td>Federal Direct Loan</td>
</tr>
<tr>
<td>Perkins</td>
</tr>
<tr>
<td>Federal Work Study</td>
</tr>
<tr>
<td><strong>C. Other Aid (please identify each)</strong></td>
</tr>
</tbody>
</table>

Total

This certifies that the information provided reflects data currently on file at this institution and is correct as of this date. It is understood that grants and loans for 2015-2016 may not be firm. This estimate or actual profile of assistance will provide AAUW Scholarship Selection Committee with information to determine the student’s financial need.

<table>
<thead>
<tr>
<th>Name of Financial Aid Officer:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phone Number:</td>
</tr>
<tr>
<td>Email Address:</td>
</tr>
</tbody>
</table>

Signature ____________________________  Date _____________

**Deadline for Submission: June 1, 2015**

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