



Member Memorial Scholarship Scholarship Application

American Association of University Women
Harrisburg Branch

\$1,000 Scholarship
2020-21 Academic Year

The **Member Memorial Scholarship** was established by the Harrisburg Branch of AAUW to pay tribute to members whose passion for learning and zest for life were evident in their commitment to community service, educational opportunities for youth, and lifelong learning for all.

Eligible candidates must meet the following criteria:

1. Enroll at least half-time (6 or more credits per term) for the 2020-21 academic year
2. Female student having completed at least 15 credits toward an associate or bachelor's degree by the end of spring term 2020
3. Attend an accredited college or university located in Pennsylvania
4. Permanent resident of Dauphin, Cumberland, or Perry County
5. Demonstrate academic achievement with at least a 3.0 GPA
6. Demonstrate financial need

Applicants must submit the following materials to the AAUW Harrisburg Scholarship Chair, P.O. Box 60911, Harrisburg, PA 17106-0911 by June 15, 2020:

1. Completed application
2. **Official** transcript through spring term 2020
3. Financial Aid Form
4. Essay
5. 2 personal references (1 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 15, 2020

The AAUW Scholarship Committee may interview finalists as part of the selection process. Awardee will be honored at one of our branch meetings in Spring 2021. The scholarship recipient may also receive Branch support to attend the National Conference for College Women Student Leaders (<http://www.nccwsl.org/>).

Deadline for Submission: June 15, 2020
Return to: Scholarships, AAUW Harrisburg, P.O. Box 60911, Harrisburg, PA 17106-0911
Email: HbgAAUWScholarship@gmail.com
URL: <http://harrisburg-pa.aauw.net>

Rev. 02/29/20



Member Memorial Scholarship

Applicant Name: _____ 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

Contact and Residence Information

Permanent Address:	
Street City, State, Zip	
County:	
Phone:	
Email:	
Current Address (if different from above):	
Street City, State, Zip	
County:	
Phone:	
Email:	

High School and College(s) Attended

Name	City/State	Dates Attended	Grad. Date or Credits Completed

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Member Memorial Scholarship

Applicant Name: _____ **Date:** _____

Major Course of Study: _____

Cumulative GPA as of last semester: _____
(Note: An **official** college transcript through spring term 2020 must be included with the application)

Extracurricular Activities (include employment, if applicable)

Activity	Involvement	Approximate hours per month



Member Memorial Scholarship

Applicant Name: _____ Date: _____

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. How will your current educational, volunteer, and career goals contribute to the mission of AAUW?



Member Memorial Scholarship

Applicant Name: _____ Date: _____

Part III. References

Using the forms provided with this application, please submit two personal references. At least **one** of your references must be **academic**.



Member Memorial Scholarship

Applicant Name: _____ Date: _____

Part IV. DOCUMENTATION:

Consent to Release Educational Records
Official Transcript
Proof of Enrollment
Financial Aid Information

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Member Memorial Scholarship

Applicant Name: _____ Date: _____

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 Committee, P.O. Box 90611, 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. Member Memorial Scholarship Financial Aid Form
3. Verification of Enrollment

Reason for this release:

Application for American Association of University Women, Harrisburg Branch,
Member Memorial Scholarship

Student Signature

Date

Student ID Number



Member Memorial Scholarship

Applicant Name: _____ Date: _____

FINANCIAL AID FORM

To be completed by the Financial Aid Officer at the Institution the applicant plans to attend during the 2020-2021 academic year.

Student Name:	
Student ID#:	
Permanent Address:	
School/College Name:	

Will this student be enrolled full time for fall term 2020? Yes No

Grade Classification for fall term 2020: Freshman Sophomore Junior Senior

Student Status: Dependent Independent

Has this student filed a FAFSA for the 2020-2021 academic year? Yes No

Annual Costs for 2020-2021 Academic Year	
Tuition	
Required Fees	
Room and Board	
Books and Supplies	
Other Expenses (explain)	
Total Cost of Attendance	

2020-2021 Expected Family Contribution	
Student	
Parent(s)	
Total	

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Member Memorial Scholarship

Applicant Name: _____ **Date:** _____

Student Name:	_____
Student ID#:	_____

Financial Aid: Actual or Estimated

2020-2021 Financial Aid	
A. Gift Aid	
College Grants (need based)	
PELL	
PHEAA	
FSEOG	
Private Scholarships	
Institutional Scholarships	
B. Self-Help	
Federal Direct Loan(s)	
Federal Work Study	
C. Other Aid (please identify each)	
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 2020-2021 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.

Name of Financial Aid Officer:	_____
Phone Number:	_____
Email Address:	_____

Signature _____ **Date** _____