



## **Member Memorial Scholarship**

American Association of University Women  
Harrisburg Branch

\$1,500 Scholarship  
2023-2024 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. Enrolled at least half-time (6 or more credits per term) for the 2023-2024 academic year
2. Female student having completed at least 15 credits toward an associate or bachelor's degree by the end of Spring Term 2023
3. Attending an accredited college or university located in Pennsylvania
4. Permanent resident of Dauphin, Cumberland, or Perry County
5. Demonstrated academic achievement with at least a 3.00 GPA
6. Demonstrated financial need

Applicants must submit the following materials to AAUW Harrisburg, Scholarship Committee, P.O. Box 60911, Harrisburg, PA 17106-0911 by July 15, 2023:

1. Completed application
2. **Official** transcript through Spring Term 2023
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](mailto:HbgAAUWScholarship@gmail.com).

**Deadline: Postmarked or received by email July 15, 2023**

The AAUW Scholarship Committee may interview finalists as part of the selection process. Awardee will be honored at one of our Branch meetings in program year 2023-2024. 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: Postmarked or received by email July 15, 2023**  
**Return to: Scholarships, AAUW Harrisburg, P.O. Box 60911, Harrisburg, PA 17106-0911**  
**Or via Email: [HbgAAUWScholarship@gmail.com](mailto:HbgAAUWScholarship@gmail.com)**

**Rev. 03/30/2023**

# 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	Credits Completed	Graduation Date MM/YYYY

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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 2023 must be sent to AAUW Harrisburg by your college or university.)

### Extracurricular Activities (include employment, if applicable)

Activity	Involvement	Approximate hours per month

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## **Member Memorial Scholarship**

### **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?

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## Member Memorial Scholarship

### Part III. References

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

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## Member Memorial Scholarship

Applicant Name: \_\_\_\_\_ Date: \_\_\_\_\_

### REFERENCE FORM #1

This student is applying for a \$1,500 scholarship from AAUW Harrisburg. 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	
Name of Reference	
Relationship to Applicant	
Address	
Phone	
Email	

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## Member Memorial Scholarship

Applicant Name: \_\_\_\_\_ Date: \_\_\_\_\_

### REFERENCE FORM #2

This student is applying for a \$1,500 scholarship from AAUW Harrisburg. 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	
Name of Reference	
Relationship to Applicant	
Address	
Phone	
Email	

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## **Member Memorial Scholarship**

### **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 AAUW Harrisburg, 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 AAUW Harrisburg Member Memorial Scholarship

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student ID Number

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## Member Memorial Scholarship

Applicant Name: \_\_\_\_\_ Date: \_\_\_\_\_

### FINANCIAL AID FORM

NOTE: This form is to be completed by the Financial Aid Officer at the Institution the applicant plans to attend during the 2023-2024 academic year. Once signed by the Financial Aid Officer, the form may be submitted by the applicant.

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

Will this student be enrolled full time for Fall Term 2023? ☐ Yes ☐ No

Grade Classification for Fall Term 2023: ☐ Freshman ☐ Sophomore ☐ Junior ☐ Senior

Student Status: ☐ Dependent ☐ Independent

Has this student filed a FAFSA for the 2023-2024 academic year? ☐ Yes ☐ No

Annual Costs for 2023-2024 Academic Year	
Tuition	
Required Fees	
Room and Board	
Books and Supplies	
Other Expenses (explain)	
<b>Total Cost of Attendance</b>	

2023-2024 Expected Family Contribution	
Student	
Parent(s)	
<b>Total</b>	

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# Member Memorial Scholarship

Applicant Name: \_\_\_\_\_ Date: \_\_\_\_\_

Student Name:	
Student ID#:	

Financial Aid: Actual or Estimated

2023-2024 Financial Aid	
<b>A. Gift Aid</b>	
College Grants (need based)	
PELL	
PHEAA	
FSEOG	
Private Scholarships	
Institutional Scholarships	
<b>B. Self-Help</b>	
Federal Direct Loan(s)	
Federal Work Study	
<b>C. Other Aid (please identify each)</b>	
<b>Total</b>	

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 2023-2024 may not be firm. This estimate or actual profile of assistance will provide the AAUW Scholarship Selection Committee with information to determine the student's financial need.

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

Signature \_\_\_\_\_ Date \_\_\_\_\_

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