



Sherwin Memorial Humanities 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

Deadline for Submission: Postmarked by July 15, 2023
 Return to: Scholarships, AAUW Harrisburg, P.O. Box 60911, Harrisburg, PA 17106-0911
 Or via Email: HbgAAUWScholarship@gmail.com
 URL: <http://harrisburg-pa.aauw.net>

03/30/2023



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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 from your college or university.)

Extracurricular Activities (include employment, if applicable)

Activity	Involvement	Approximate hours per month

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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. How did you develop an interest in the performing arts and how will your degree in this field further the mission of AAUW?

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REFERENCE FORM #1

This student is applying for a \$1,500 scholarship from the 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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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. Sherwin Memorial Humanities Scholarship Financial Aid Form
3. Verification of Enrollment

Reason for this release:

Application for AAUW Harrisburg, Sherwin Memorial Humanities Scholarship

Student Signature

Date

Student ID Number



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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)	
Total Cost of Attendance	

2023-2024 Expected Family Contribution	
Student	
Parent(s)	
Total	

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Applicant Name: _____ Date: _____

Student Name:	_____
Student ID#:	_____

Financial Aid: Actual or Estimated

2023-2024 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 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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