



Member Memorial Scholarship

American Association of University Women Harrisburg Branch

**\$1,500 Scholarship
2024-2025 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 2024-25 academic year
2. Female student having completed at least 15 credits toward an associate or bachelor's degree by the end of Spring Term 2024
3. Attending an accredited college or university located in Pennsylvania
4. Permanent resident of Dauphin, Cumberland, or Perry County or Northern York School District
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 31, 2024:

1. Completed application
2. **Official** transcript through Spring Term 2024
3. Financial Aid Form
4. Essay
5. Two personal references (one 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: Postmarked or received by email July 31, 2024

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 2024-25. 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 31, 2024
Return to: Scholarships, AAUW Harrisburg, P.O. Box 60911, Harrisburg, PA 17106-0911
Or via Email: HbgAAUWScholarship@gmail.com

Rev. 03/27/2024



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				Graduation Date
Name	City/State	Dates Attended	Credits Completed	MM/YYYY

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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 2024 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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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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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	

Deadline for Submission: Postmarked or received by email July 31, 2024
Return to: Scholarships, AAUW Harrisburg, P.O. Box 60911, Harrisburg, PA 17106-0911
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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	

Deadline for Submission: Postmarked or received by email July 31, 2024
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AAUW Harrisburg Branch Scholarships

Part IV. DOCUMENTATION:

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



AAUW Harrisburg Branch Scholarships

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 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. Scholarship Financial Aid Form
3. Verification of Enrollment

Reason for this release:

Application for AAUW Harrisburg Branch Scholarship

Student Signature

Date

Student ID Number



AAUW Harrisburg Branch Scholarships

Applicant Name: _____ Date: _____

FINANCIAL AID FORM

To be completed by the Financial Aid Officer at the Institution the applicant plans to attend during the 2024-2025 academic year.

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

Student enrollment for fall 2024 term: Fulltime At Least Halftime Less Than Halftime
 Grade Classification for fall term 2024: Freshman Sophomore Junior Senior
 Student Status: Dependent Independent
 Has this student filed a FAFSA for the 2024-2025 academic year? Yes No

Annual Costs for 2024-2025 Academic Year	
Tuition	
Required Fees	
Room and Board	
Books and Supplies	
Other Expenses (explain)	
Total Cost of Attendance	

2024-2025 Student Aid Index	
Parent(s) Contribution	
Student's Contribution	
Total	

Student Name:	
Student ID#:	



AAUW Harrisburg Branch Scholarships

Applicant Name: _____ **Date:** _____

Financial Aid: Actual or Estimated

2024-2025 Financial Aid	
A. Gift Aid	
College Grants (need based)	
PELL	
PHEAA	
FSEOG	
Private Scholarships	
Institutional Scholarships	
B. Self-Help	
Subsidized Federal Direct Loans	
Unsubsidized Federal Direct Loans	
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 2024-2025 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** _____