

SCHOLARSHIP APPLICATION (PLEASE PRINT OR TYPE)

Applicants must matriculate at a four-year accredited college

DEADLINE: March 31, 2019

1. Full Name: _____ Date of Birth: _____

2. Address: _____

3. City: _____ State: _____ Zip: _____

4. Home Telephone Number: (_____) _____ Sex: Male _____ Female _____

5. Residing with: Parent/s _____ Guardian _____ Relationship _____

6. School: _____ Course of Study: _____

7. Applicant must see guidance counselor to determine class rank:

Class rank (number) _____ in class of _____ GPA _____

8. **PLEASE ATTACH A CERTIFIED COPY OF YOUR TRANSCRIPT.**

9. Academic Honors: _____

10. Community Involvement/Activities/Offices Held: _____

11. Work Experience:

Employer & Address	Position	Dates of Employment	Supervisor/Phone Number

12. **Submit a typed statement about your aims and goals. Explain why you should receive this Scholarship. Include any additional information you feel will help the scholarship committee in**

the selection process.

13. Colleges to which you have applied:

<u>College/Address</u>	<u>Accepted</u>	<u>Not Accepted</u>	<u>Other Status</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

14. Name and address of school you plan to attend:

15. Cost per year of the college or university of your choice: _____

16. Financial: **PLEASE INCLUDE A COPY OF THE MOST CURRENT W-2 TAX FORM (2018)**

	<u>Name/Address</u>	<u>Occupation</u>	<u>Income</u>
Mother			
Father			
Guardian			

17. Is home owned or rented? _____

18. Names of dependent children in family Age Grade in School

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

19. How much financial support can you expect from parents/guardian? _____

Please explain: _____

20. Anticipated scholarships: (Include any federal and/or state aid pending) _____

21. Resources other than scholarships and parents. (Give amounts)

Social Security Benefits \$ _____
Pensions \$ _____
Savings \$ _____
Employment \$ _____
Other \$ _____

22. Your estimate of the financial aid needed to meet expenses of the first year:

\$ _____

23. Submit two letters of recommendation with applications.

Name	Address	Telephone	Occupation
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Date of Application

Signature of Applicant

APPLICATION MUST BE POSTMARKED BY March 31, 2019 AND SENT TO:

National Association of University Women, Inc. -Scholarship Committee
Attn.: Ms. Kim Callender
412 Locust Street
Roselle, NJ 07203