

AMERICAN ASSOCIATION OF UNIVERSITY WOMEN (AAUW) San Luis Obispo Branch SCHOLARSHIP APPLICATION INSTRUCTIONS

This \$2.000 scholarship from the SLO Branch of AAUW is for Cuesta College only and payable over two semesters, if renewed by the applicant. To receive payment each semester, you must show proof of enrollment in classes totaling at least 6 units at which time \$1,000 will be deposited in your Cuesta account.

To qualify, you as an applicant must:

- Have resided in San Luis Obispo County for at least two (2) years
- Be a re-entry student (interrupted post-high school education) having completed not less than one (1) year of instruction at an accredited college or university in good standing
- Be at least twenty-five (25) years of age
- Be able to demonstrate economic need
- Be currently enrolled at Cuesta College
- Be planning to attend Cuesta College for at least two (2) additional semesters
- Be able to articulate educational and career goals

You must submit:

- The attached application. Please answer all questions completely, but limit your answers to the space provided. Your responses will be held in confidence.
- A transcript of your completed college work, showing courses, units, and grades. This
 does not need to be an official transcript.
- Include also your current schedule of classes.
- Two letters of recommendation are required, one of which must be from a current or former instructor or employer. Neither can be from family members. The letters should contain comments about your work habits, academic achievement, ability to profit from further education, personal qualifications and financial need. Please allow at least two weeks prior to the deadline for completion of these letters, and ask that they be mailed or emailed directly to AAUW, or sent to you in a sealed envelope to be included with your application.

The application, transcript, and letters of recommendation must be mailed **or emailed** to AAUW at the address below, **postmarked on or before March 15.**

AAUW Scholarship Committee c/o Diana Kaiser 425 Sandercock St. San Luis Obispo, CA 93401 Or email 2024.aauw.scholarship@gmail.com



AMERICAN ASSOCIATION OF UNIVERSITY WOMEN San Luis Obispo Branch

To complete a fillable application form: download, fill, save, and email as attachment.

Please type or print CLEARLY			Cuesta Student ID#					
Last name	First name	Middle	e Name	Date	Date of birth (mm/dd/yy)			
Street address (and mailing addres	ss if not the sar	me)	Er	mail address			
City	State	z Zip co	Zip code		Phone (cell) and (home)			
1. How long hav	ve you lived in San I	Luis Obispo Co	unty? Since M	onth	Year			
2. Educational g	goal: AA/AS Degree		Transfer	Certi	ficate			
3. Major subjec	t area							
5. Schools atten	mesters of study pl nded: (Please includ ades. This does not	le a transcript	of your comple	ted college v				
Col	lege(s)	Dates Attended	Units Completed	Degree/Co	ertificates	GPA		
High School	Name		City/S	 tate	Graduatio	on Mo YR		
	e a copy of your cu		of classes.					

What are your expect	ations/goals one year after grad	luation? After 5 years?
, ,		,
10. Explain the reasons fo prior education?	r the interruption in your educa	tional process. How have you utilized your
p		
11. Have you been involve committee? Please explain		ctivities which could be of significance to the
committee. Heade explain		
12. Describe any prior en	nployment which has contribute	ed to your career goals:
13 List dependents' name	es, ages, and relationship to you	
13. List dependents hame	is, ages, and relationship to you	
14. You must request two print below the names of		our behalf (not a family member). Please
1	Email Address	
Name	Email Address	Phone number

FINANCIAL STATEMENT

Are you currently empl	oyed?	No	Yes	Employer:		
If so, please indicate me	onthly sal	ary or hou	ırly wage	Planned hours per week		
Do you anticipate work	ing next y	vear during	g the school semester	? Yes No		
If so, please indicate mo	onthly sal	ary or hou	irly wage	Planned hours per week		
Current Savings \$						
Do you own? (Personal			ersonal monthly mor	al monthly rental obligation:) al monthly mortgage obligation:) of paying occupants where you live		
Monthly child care expe	enses \$					
Do you receive any of t payment, please state a		•	•	nount per month, or if it is a single		
Alimony Child support Business income Veteran's/SSI benefits	\$	Gr	nemployment insuran elfare benefits ants holarships	ce \$ \$ \$ \$		
Financial help from par	ents \$		from others \$			
Other sources (please s	specify) _					
Are there special factor	rs (e.g. fin	ancial con	siderations) which ex	plain your need for this scholarship?		
Certification:						
best of my knowled 2. I hereby certify that 3. I hereby authorize t	dge. : my schol :he Financ	arship mo	ney will be used for e ice to release to the s	xpenses related to my education. cholarship donor, if requested, all d for, or receive, a scholarship award.		
	ignature (of applicar	nt	 Date		

Applicant: provide a copy of this cover sheet to each person completing a recommendation for you.



AMERICAN ASSOCIATION OF UNIVERSITY WOMEN SAN LUIS OBISPO BRANCH Attachment to Letter of Recommendation Due by March 15

This cover sheet is to be attached to the narrative letter of recommendation for the applicant, and is to be completed by instructors, counselors, employers, or personal acquaintances other than family members.

Your comments are requested, and will be given serious consideration by the scholarship committee. Please include information about the applicant's:

- Personal qualifications
- Interest and involvement in school activities
- · Need for financial assistance
- Ability to profit from future college education

If you have any reservations about the qualifications of this applicant, please include them as well. Your responses will be held in the strictest confidence.

<u>Please attach this cover sheet</u> to your TYPED recommendation for the applicant. The completed documents can be mailed **or emailed** directly to AAUW, or sent to the applicant in a sealed envelope to be included with the total application submitted.

This applicant is (check one):		
Strongly recommended		
Recommended	one Diogeo evolein:	
Recommended with reservation	ons. Please explain.	
5		
Relationship to applicant		
How long have you known the applicant	?	
non long have you whem the applicant	•	
Signature (electronic acceptable)		Please Print Name
Address	City	State Zip
	J,	p
Phone	Email	<u> </u>

Writing a recommendation is often a time-consuming and challenging task. The AAUW Scholarship Committee thanks you for your willingness and effort to assist in the selection process. Please mail or email to:

AAUW Cuesta Scholarship Committee

c/o Diana Kaiser

425 Sandercock St., San Luis Obispo, CA 93401

or email 2024.aauw.scholarship@gmail.com