

AMERICAN ASSOCIATION OF UNIVERSITY WOMEN OF ANNE ARUNDEL COUNTY WOMEN TO WOMEN AWARD APPLICATION - 2021

MAIL THIS FORM TO: **Suzanne Furr** OR EMAIL TO:
4433 Windsor Farm Road
Harwood, MD 20776 **WTWofAAUW@gmail.com**

FORM CAN ALSO BE FOUND ONLINE AT: <http://annearundelcounty-md.aauw.net/scholarships/>

DEADLINE FOR SUBMISSION: Friday March 12, 2021 @ 5:00 P.M.

INTRODUCTION:

The AA County Branch of the **American Association of University Women (AAUW)** shares in the mission of its national group, founded in 1881, and holds as its primary mission the *advancement of equity for women and girls through advocacy, education and research*. As part of our local branch work, we offer the "Women to Women Awards Program" that provides several small educational awards to Anne Arundel County, MD women and girls to improve their access to careers through training, education and/or skills development.

The number of award recipients will be based on available funds.

- All award applicants must submit a **timely and complete application**.
- Applicants who are being considered for an award will be invited for a personal interview.
- Award amounts vary and are limited to a **maximum of \$1,500**.
- AAUW will directly pay awards to the school/service provider in the name of the award winner.
- Award winners will be notified of the outcome through electronic mailing by **Friday May 7, 2021**

PLEASE TYPE THIS APPLICATION

I. GENERAL INFORMATION

A. Full Name: _____

B. Date of Birth: _____ C. Age: _____

D. Address:

Are you an Anne Arundel County Resident?

Yes No

E. Email Address: _____

F. Phone: _____

G. High School Attended: _____ Graduated Yes No

H. Prior College/s attended - List school/s and location:	Major Pursued	GRADUATED	YEAR
		<input type="checkbox"/> No <input type="checkbox"/> Yes	
		<input type="checkbox"/> No <input type="checkbox"/> Yes	
		<input type="checkbox"/> No <input type="checkbox"/> Yes	

Indicate where you learned of the AAUW Women to Women Award:

Newspaper: _____

School: _____

Friend/Relative: _____

Other: _____

II. FINANCIAL INFORMATION:

A. Persons / Family Members with Whom You Reside:

FAMILY	
<input type="checkbox"/> Parents	<input type="checkbox"/> Spouse
<input type="checkbox"/> Siblings	No. : _____ Ages : _____
<input type="checkbox"/> Children	No. : _____ Ages : _____
Other Describe: _____	

B. Check the best estimate of Full Household/Family Income:

<input type="checkbox"/> \$0 - \$15,000	<input type="checkbox"/> \$50,001 - \$75,000
<input type="checkbox"/> \$15,001 - \$30,000	<input type="checkbox"/> \$75,001 - \$100,000
<input type="checkbox"/> \$30,001 - \$50,000	
If greater than \$100,000 note amount: _____	

C. Identify **all** who will be contributing to your educational expenses for the next year:

Self Parents Siblings Spouse Children Other

D. **Annual** Cost of Your College Education _____

Tuition: _____ Books: _____ Supplies: _____ Room/Board : _____

Other (Explain): _____

E. Please list other Financial Aid Awards that you have applied for or anticipate for the next year:

SOURCE	AMOUNT	GRANTED/STATUS
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please include a copy of your current transcript, if currently enrolled in school. Unofficial copies accepted.

III. CAREER OBJECTIVES

A. List career interests/Goals:

B. Explain in 25 words or less why you should be selected to receive this award:

C. Identify the school and program you plan to attend:

School: _____

Major/Program: _____

Address: _____

Have you been accepted? Yes No

Year Accepted for? _____

IV. PROFESSIONAL HISTORY

A. Attach your Resume **OR** list your recent and/or current employment and volunteer activities for the past two years. **Please include an unofficial copy of your transcript, if currently enrolled in school.**

PLACE	DUTIES	DATES	CHECK ONE
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> EMPLOYED <input type="checkbox"/> VOLUNTEER
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> EMPLOYED <input type="checkbox"/> VOLUNTEER
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> EMPLOYED <input type="checkbox"/> VOLUNTEER

V. PERSONAL NARRATIVE

A. Attach or type on the following page a statement of no more than one page that describes your career and personal goals and the influence/impact that this Award will have in meeting your long range Career Objective.

The names of Women to Women Award recipients and their schools may be announced through press releases in local newspapers and marketing campaigns. By signing and dating the release of information below you authorize AAUW to use your name and the name of your school.

I, _____ give my permission to have my name and school identified in publications and press releases associated with the Women To Women Award offered through the American Association of University Women of Anne Arundel County, Maryland
TO THE BEST OF MY KNOWLEDGE, THE INFORMATION I HAVE SUPPLIED IN THIS AWARD APPLICATION IS TRUE, CURRENT AND VALID

PRINTED NAME: _____

DATE: _____

SIGNATURE OF APPLICANT : _____

V. PERSONAL NARRATIVE: