

# AMERICAN ASSOCIATION OF UNIVERSITY WOMEN AURORA, COLORADO BRANCH SCHOLARSHIP FOR 2024

The AAUW Aurora, Colorado Branch Scholarships will be awarded to students who have a permanent mailing address in Aurora, Colorado, and are currently enrolled or plan to enroll at an accredited Colorado college or university. The scholarship will be applied to the recipient's tuition and/or fees for the 2024-2025 academic year.

## Selection Criteria:

- Award amount: at least three scholarships of a minimum of \$ 2,500 each are available
- Must attend, or plan to attend, a fully-accredited Colorado college or university
- Degree of study must be undergraduate
- Must be at least a **sophomore or junior** in college for scholarship to take effect your junior or senior year
- Must enroll a minimum of 6 credits to full time per semester in a college program
- Must have a minimum of a 3.0 GPA
- Must have an Aurora, Colorado permanent mailing address even though you may currently have a campus address

## Applications:

Applications are available from the financial aid office at your college or university, by contacting the AAUW Aurora, CO, web site [aurora-co.aauw.net](http://aurora-co.aauw.net), or by emailing a request to: [aauwscholarships24@gmail.com](mailto:aauwscholarships24@gmail.com)

For additional information or questions send an email to: [aauwscholarships24@gmail.com](mailto:aauwscholarships24@gmail.com)

The deadline for applications is April 30, 2024 by midnight MST. Recipients will be selected by May 30, 2024.

Please email the following documents using a single pdf document to [aauwscholarships24@gmail.com](mailto:aauwscholarships24@gmail.com) with a subject line as "2024 scholarship application". Label your pdf file application as "lastname\_scholarship2024" :

1. Completed and signed application (see pages below)
2. Your personal 2-page essay
3. Three (3) letters of recommendation – two from your college academic program and one additional reference from an employer or your volunteer organization. Applications with less than 3 letters will not be reviewed.

For the two letters of recommendation from your college academic program, please ask recommenders to comment specifically on the following areas:

- a. Your intellectual curiosity and performance
  - b. Your motivation
  - c. Your initiative and potential
4. Unofficial transcript(s)
  5. A chronological list of colleges/universities you attended if other than your current institution

For additional information on the American Association of University Women (AAUW) please contact [aurora-co.aauw.net](http://aurora-co.aauw.net)



# American Association of University Women Aurora, Colorado Branch Scholarship Application (2024)

(Please type or print – email submission)

## I. Personal Data

Date: \_\_\_\_\_

Name: \_\_\_\_\_  
Last
First
M.I.

Address: \_\_\_\_\_  
 Please include your permanent Aurora address, as well as a campus address if applicable.

Address: \_\_\_\_\_  
City
State
Zip
County

Address: \_\_\_\_\_  
City
State
Zip
County

Phone: H: \_\_\_\_\_ Cell: \_\_\_\_\_ E-Mail \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Academic Status (Fall 2024) \_\_\_\_\_ Junior \_\_\_\_\_ Senior **Current GPA** \_\_\_\_\_

Expected Graduation Date: \_\_\_\_\_

From (Name of College/University) \_\_\_\_\_

Name of High School and Year of graduation or GED:

\_\_\_\_\_ High School \_\_\_\_\_ Year

Where did you learn about this scholarship (Financial Aid Office, online website, etc.)? \_\_\_\_\_

## II. Educational Objectives

Degree: \_\_\_\_\_ Major: \_\_\_\_\_ Minor: \_\_\_\_\_

## III. Financial Aid

Briefly describe your financial situation and the reason you want this scholarship:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Date application received by AAUW: \_\_\_\_\_ (For office use only)

*Unofficial transcript received* \_\_\_\_\_

## AAUW Aurora Branch Scholarship Application

### IV. Three References

Please list the names, addresses, and phone numbers of two (2) references from your college academic program and one (1) additional reference from an employer or your volunteer organization.

1. Name: \_\_\_\_\_ Phone \_\_\_\_\_  
Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
2. Name: \_\_\_\_\_ Phone \_\_\_\_\_  
Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
3. Name: \_\_\_\_\_ Phone \_\_\_\_\_  
Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### V. Essay

Please attach a typed one- to two-page essay (no more than 2 pages, 12 font, normal margins) telling us about yourself and addressing the following items:

1. What has motivated you to attend college or university at this time?
2. What are your career objectives/goals after graduation?
3. How would this scholarship assist you in achieving graduation and these objectives/goals?
4. Are you employed? Full-time? Part-time? If yes, please describe your work briefly.
5. Volunteer work: List by name, type, date, and your role for any volunteer activities you have been involved in on campus or your community.
6. Describe a recent experience that left you with a feeling of satisfaction, accomplishment, or pride.

### VI. Award Agreement

In the event I am awarded the AAUW Aurora, Colorado Branch Scholarship, I understand that this award will be applied only to expenses for tuition and fees at a Colorado college or university. I understand that the scholarship money will be paid directly to the college financial aid office for me to use during the academic year 2024-2025. **I also understand that if my residence status changes, or if I withdraw from classes during any period, my scholarship may be halted or I may be required to pay the scholarship award back to the donor.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## AAUW Aurora Branch Scholarship Application

### VII. Release Statement

If you wish to be considered for the AAUW Aurora, Colorado Branch Scholarship, we must have your permission to release confidential information contained in your scholarship application to those involved in the selection process. Also, the Aurora Branch must have your permission for news and public affairs releases. Any highly sensitive private information will be kept secure within the Scholarship Committee. Please give the necessary permission by placing your signature and the date of your signature in the spaces indicated below.

#### PERMISSION TO RELEASE CONFIDENTIAL INFORMATION

*I hereby authorize the American Association of University Women, Aurora, Colorado Branch, to release any information contained in my scholarship application to a third party, provided that the purpose of such release of information is in connection with the determination of my eligibility for receipt of a scholarship. Such third parties include individuals such as references, enrollment and transcript staff and other individuals necessary to the awarding of the scholarship. Further, I give the American Association of University Women, Aurora, Colorado Branch permission to release to the scholarship's donor(s) and to the media, information regarding the award to me of any scholarship I may receive as a result of this application.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

#### SCHOLARSHIP AWARDS MEETING

If you are chosen for this scholarship, we ask that you commit to attending the AAUW, Aurora Branch Scholarship Awards luncheon on **September 21st, 2024 in Aurora, Colorado.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date