



VIRGINIA BEACH BRANCH SCHOLARSHIP APPLICATION

Contact Information

Full Name:		Date of Birth:
Address:		Zip Code
Phone Number (Day)	(Cell)	(Evening)
Email Address:		

Educational Information

College/University you currently/expect to attend:		
Major:	Credit Hours Completed:	GPA:
Are you a ___ full or ___ part-time student?		
How do you plan to use AAUW funds if awarded (e.g., tuition, books, fees, etc.):		
Your student ID number (required for financial aid office recipient identification):		

Financial Status

Are you currently working? No ___ Yes ___ If yes, number of hours/week _____	
Household income per year \$ _____	Name and telephone number of your place of employment and supervisor:

List other sources you will use to finance your educational expenses

Federal Government Student Aid (Pell Grants, etc.)	\$ _____
Scholarships	\$ _____
Work-Study	\$ _____
Gifts/Family Support (Parent, Spouse, etc.)	\$ _____
Expenses Per Semester	
Tuition: \$ _____	Books/Supplies: \$ _____ Fees: \$ _____

Personal Information

Do you have dependent children living with you? No ___ Yes ___ If yes, the number and ages of the children:
Are you the only adult living in your home who is responsible for the care and well being of these dependent children? ___yes ___no
Other dependents for whom you are legally responsible (indicate relationship to you)

References

Please list four references and email address: teacher, counselor, employer, or clergy			

Applicant's Signature:

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