



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

This \$1,500 scholarship from 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 a payment of \$375 will be made. The other \$375 will be paid after the college's "drop date" upon proof of continuing enrollment for a minimum of 6 units. Application forms are also available at campus Financial Aid Offices on February 1 of each year.

To qualify, the applicant must be a woman who:

- Has resided in San Luis Obispo County for at least two (2) years
- Is at least twenty-five (25) years old
- Is able to demonstrate economic need
- Is a re-entry student (interrupted post-high school education)
- Is currently enrolled at Cuesta College
- Plans to attend Cuesta for at least two (2) additional semesters
- Has some vision of where she sees herself five (5) years from now

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.
- A recent photo of yourself.
- **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, ability to profit from further education, personal qualifications and financial need. Please allow at least two weeks for completion of these letters, and ask that they be mailed 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 to AAUW at the address below, **postmarked on or before March 15.**

AAUW Scholarship Committee  
c/o Fran Johnson  
1613 Garnette Drive  
San Luis Obispo, CA 93405  
franmalj@charter.net



**AMERICAN ASSOCIATION OF UNIVERSITY WOMEN**  
**San Luis Obispo Branch**  
**SCHOLARSHIP APPLICATION**  
*Due on or before March 15*

**Please type or print CLEARLY**

Last name	First name	Middle Name	Date of birth (mm/dd/yy)
Street address (and mailing address if not the same)			Email address
City	State	Zip code	Phone (cell) and (home)

1. How long have you lived in San Luis Obispo County? \_\_\_\_\_
2. Educational goal: AA/AS Degree \_\_\_\_\_ Transfer \_\_\_\_\_ Certificate \_\_\_\_\_
3. Major subject area \_\_\_\_\_
4. Additional semesters of study planned at Cuesta \_\_\_\_\_

5. Schools attended: (Please include a transcript of your completed college work, showing courses, units, and grades. This does not need to be an official transcript.)

College(s)	Dates Attended	Units Completed	Degree/Certificates	GPA

High School \_\_\_\_\_  
Name City/State

6. Please include a copy of your current schedule of classes.

7. List classes and number of units planned for the fall semester:

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8. How will your college experience contribute to your personal/professional growth?

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9. What are your expectations/goals one year after graduation? After 5 years?

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10. Explain the reasons for the interruption in your educational process. How have you utilized your prior education?

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11. Have you been involved in activities or employment which could be of significance to the committee? Please explain.

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12. List dependents' names, ages, and relationship to you:

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13. You must request two letters of recommendation on your behalf (not a family member). Please list below the names of your references:

1.	_____	_____	_____
	Name	Address	Phone number
2.	_____	_____	_____
	Name	Address	Phone number

## FINANCIAL STATEMENT

Are you currently employed? No \_\_\_\_\_ Yes \_\_\_\_\_ Employer: \_\_\_\_\_

If so, please indicate monthly salary or hourly wage \_\_\_\_\_ Planned hours per week \_\_\_\_\_

Do you anticipate working next year during the school semester? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, please indicate monthly salary or hourly wage \_\_\_\_\_ Planned hours per week \_\_\_\_\_

Current Savings \$ \_\_\_\_\_

Do you rent? \_\_\_\_\_ (Personal monthly rental obligation: \_\_\_\_\_)

Do you own? \_\_\_\_\_ (Personal monthly mortgage obligation: \_\_\_\_\_)

Share housing? \_\_\_\_\_ Number of occupants \_\_\_\_\_

Do you receive any of the following? If so, please indicate the amount per month or if it is a single payment, please state amount and time period.

Alimony \$ \_\_\_\_\_ Unemployment insurance \$ \_\_\_\_\_

Child support \$ \_\_\_\_\_ Welfare benefits \$ \_\_\_\_\_

Business income \$ \_\_\_\_\_ Grants \$ \_\_\_\_\_

Veteran's/SSI benefits \$ \_\_\_\_\_ Scholarships \$ \_\_\_\_\_

Financial help from parents \$ \_\_\_\_\_ from others \$ \_\_\_\_\_

Other sources (please specify) \_\_\_\_\_

Are there special factors (i.e. financial considerations) which explain your need for this scholarship?

### Certification:

1. I hereby certify that all the information on this application is true, complete and accurate, to the best of my knowledge.
2. I hereby certify that my scholarship money will be used for expenses related to my education.
3. I hereby authorize the Financial Aid Office to release to the scholarship donor, if requested, all necessary information relative to me, should I be considered for, or receive, a scholarship award.

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date



**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.

Please attach this cover sheet 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  
 Recommended with reservations. Please explain:

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Relationship to applicant \_\_\_\_\_

How long have you known applicant? \_\_\_\_\_

\_\_\_\_\_  
Signature Please Print Name

\_\_\_\_\_  
Address City State Zip

\_\_\_\_\_  
Phone Email

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 Scholarship Committee  
c/o Fran Johnson  
1613 Garnette Drive  
San Luis Obispo, CA 93405  
franmalj@charter.net