



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 in February of each year for which scholarships are open.

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 Sue Fong
PO Box 13623
San Luis Obispo, CA 93406
Or email suemfong@yahoo.com



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

Please type or print CLEARLY _____

Cuesta Student ID# _____

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? Since Month _____ Year _____

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 Graduation Mo YR

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

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

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

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

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

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

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

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

1.	<hr/>		
	Name	Address	Phone number
2.	<hr/>		
	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 paying occupants where you live _____

Monthly child care expenses \$ _____

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 (e.g. 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:

Relationship to applicant _____

How long have you known applicant? _____

Signature (electronic acceptable) _____ 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 Sue Fong
PO Box 13623 San Luis Obispo, CA 93406
or email suemfong@yahoo.com