

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

**SCHOLARSHIP APPLICATION INSTRUCTIONS**

This $2.000 scholarship from the SLO Branch of 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 $1,000 will be deposited in your Cuesta account. Application forms are available at campus Financial Aid Offices in February of each year for which scholarships are open. For an online application form, go to slo-ca.aauw.net/scholarship.

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 work at Cuesta.
* Include also your **current** schedule of classes.
* **Two letters of recommendation are required**, **with cover sheets**. One 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 ten days 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 Diana Kaiser

425 Sandercock St.

San Luis Obispo, CA 93401

Or email [2024.aauw.scholarship@gmail.com](mailto:2024.aauw.scholarship@gmail.com)

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**AMERICAN ASSOCIATION OF UNIVERSITY WOMEN  
San Luis Obispo Branch**

**Download, fill electronically, save, and email as attachment. Or you may print it.**

**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:

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

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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 volunteer or community activities which could be of significance to the committee? Please explain.

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

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12. Describe any prior employment which has contributed to your career goals:

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

13. List dependents’ names, ages, and relationship to you:

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

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

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name Email Address Phone number

2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name Email 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) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

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**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

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**AMERICAN ASSOCIATION OF UNIVERSITY WOMEN**

**SAN LUIS OBISPO BRANCH**

**Attachment to Letter of Recommendation**

**Due by March 15**

**Applicant: provide a copy of this cover sheet to each person completing a recommendation for you.**

**This cover sheet is to be attached to the narrative letter of recommendation 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 the applicant?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature (electronic acceptable) Please Print Name

Address City State Zip

Phone Email

Writing a recommendation is often a time-consuming and challenging task. Thank you for your willingness and effort to assist in the selection process. Please mail or email to:

AAUW Cuesta Scholarship Committee

c/o Diana Kaiser

425 Sandercock St., San Luis Obispo, CA 93401

or email [2024.aauw.scholarship@gmail.com](mailto:2024.aauw.scholarship@gmail.com)