



American Association of University Women
Advocating equity and education for women and girls since 1881
Del Mar-Leucadia Branch, Inc. Founded in 1955

2016-17 SCHOLARSHIP APPLICATION

Name (please print) _____

Address _____

City/State/Zip Code _____

Phone ____ home _____ cel _____

Email _____

College start date _____ College re-entry date (if applicable) _____

College GPA _____

Colleges attended (if applicable) _____

High School attended _____

High School GPA _____

Degree you are seeking _____

Expected graduation date _____

Application deadline for Spring 2017 semester
is **March 8, 2017** Please mail to:
Del Mar Leucadia Branch California, Inc.,
P.O. 543, Solana Beach, CA 92075



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Applicant's name _____

On this page or a separate sheet of paper, please tell the College Scholarship Committee about yourself, including;

- (A) Personal Mission Statement
- (B) Education Goals
- (C) Why you chose your field of study
- (D) Financial need

Please include two letters of recommendation from people who have known you for at least one year. One letter must be from a teacher or college faculty member. The other can be from a work or volunteer supervisor.

I certify that I have personally provided the enclosed information and that it is correct and complete.

Signature/Date