



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

**2023 - 2024 SCHOLARSHIP APPLICATION**

Name (please print) \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

College start date \_\_\_\_\_ College re-entry date (if applicable) \_\_\_\_\_

College GPA \_\_\_\_\_

Colleges attended \_\_\_\_\_

Degree you are seeking \_\_\_\_\_

Expected graduation date \_\_\_\_\_

Please mail to:  
College Scholarship Committee  
AAUW Del Mar-Leucadia  
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.

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Signature/Date