

**American Association of University Women - Danville-Alamo Branch Local Scholarship**

Dear Scholarship Applicant

October 1, 2009

We are pleased with your interest in our scholarship program. The recipients may receive a minimum scholarship of \$1000 or greater.

Applicants must be female who have graduated from a high school in the San Ramon Valley Unified School District or resided in the district while attending a private high school, and who expect to have junior or senior or graduate or post-graduate standing in September 2010 at an accredited, four-year college or university. Need more info: Contact Beth Clark at [bclark143@comcast.net](mailto:bclark143@comcast.net) or Jennifer Brandenburg at [jenniferbrandenburg@msn.com](mailto:jenniferbrandenburg@msn.com).

The application packet must be mailed to

**AAUW Local Scholarship, P. O. Box 996, Alamo, CA 94507**

and consist of:

1. Official transcripts from all post secondary institutions.
2. Official copy of current class schedule.
3. A typed statement up to 500 words covering your educational and career goals.
4. Two letters of recommendation - one from a faculty member such as a professor, advisor or administrator, and one from a community member such as an employer, minister, etc. The letters should be from a non-relative of the applicant. Recommendation letters should be sent directly to the Scholarship Committee Chair at the post office box above.
5. **Completed packets must be postmarked by April 5, 2010 .**

**1. Personal Information**

Name

(Last)	(First)	(Middle)
Permanent Address		
(Number)	(Street)	(Apt. No.)
(City)	(County)	(Zip)
( )		
(Telephone)	(E-mail address)	(Last 4 digits of SocSec #)

Marital Status: Single\_\_\_\_ Married\_\_\_\_ Divorced\_\_\_\_ Separated\_\_\_\_

Dependent children: Yes\_\_\_\_ No \_\_\_\_ If yes how many \_\_\_\_ Ages\_\_\_\_\_

Names of addresses of parents or guardian (if applicable)

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Excluding yourself, how many dependents do your parents have? \_\_\_\_\_ Ages \_\_\_\_\_

Of these dependents, how many are in college at least half time? \_\_\_\_\_

**2. Educational Information**

a) High school graduated from \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Year graduated \_\_\_\_\_

b) (if applicable) Undergraduate degree earned at \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Year \_\_\_\_\_ Major \_\_\_\_\_

c) List accredited institutions registered in or applied to:

\_\_\_\_\_

d) Proposed Major/Advanced Degree \_\_\_\_\_ Expected profession \_\_\_\_\_

e) Units earned to date \_\_\_\_\_ Required units to graduate \_\_\_\_\_ GPA \_\_\_\_\_

**3. Work and Activity Information**

a) List school and/or community activities during the last four years. Indicate activity, offices, awards.

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

b) List work experience during the last four years. Company, type of work, duties, dates employed.

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

**4. Scholarships /Grants** (This information will not affect your standing in selection process)

a) List the names of additional scholarship/grants for which you have applied.

\_\_\_\_\_

b) List names and amounts of grants, if any, you currently receive.

\_\_\_\_\_

*Your signature on this application certifies that this award will help you continue your college work. If you are unable to complete your course work please notify the committee. Consent is given to the Scholarship Committee to obtain academic financial or other information deemed necessary to fairly award the grant.*

-----Optional: please check here if you authorize publication of your name and institution as a recipient of this award.

\_\_\_\_\_  
(Applicant's signature)

\_\_\_\_\_  
(Date)

**American Association of University Women Danville-Alamo Branch**  
**Letter of Recommendation**

**To the Student:** Complete your information below and give the forms to two community members (such as employer, minister, etc.) other than a relative or personal friend. At least one letter of recommendation form should be given to a college associate, professor (preferably an AAUW member) or counselor. The information is needed no later than April 5, 2010.

**To the Person recommending:** This person is applying for a scholarship and needs support information. It is essential that we have a fair and candid evaluation of the student's ability and character. While filling out this form, please take into consideration the student's ability and character. While filling out this form, please take into consideration the student performance and general attitude toward college and others. Please return the completed form to:

Danville-Alamo AAUW, Local Scholarship Chairman, P. O. Box 996, Alamo, CA 94507

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**Student's Name:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Please respond to the following questions in your recommendation:**

**1. How long have you known the applicant?** \_\_\_\_\_

**2. Under what circumstances have you known the applicant?** \_\_\_\_\_

**3. How do you perceive the applicant's academic potential?** \_\_\_\_\_

**4. What are the applicant's personal strengths and limitations?** \_\_\_\_\_

**Letter of Recommendation Continued:**

**5. Please evaluate the applicant, best describing her, in the following areas:**

**Dependability** \_\_\_\_\_

**Responsibility** \_\_\_\_\_

**Initiative** \_\_\_\_\_

**Leadership** \_\_\_\_\_

**Character** \_\_\_\_\_

**6. Additional Comments (school activities, community involvement, employment);**

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

7. \_\_\_\_\_ **Strongly Recommend**      \_\_\_\_\_ **Recommend**  
\_\_\_\_\_ **Recommend with Reservations**      \_\_\_\_\_ **Not Recommended**

\_\_\_\_\_  
**Recommender Signature** **Date**

\_\_\_\_\_  
**Print Name** **Occupation/Position**

\_\_\_\_\_  
**Street**

\_\_\_\_\_  
**City** **Phone**

\_\_\_\_\_  
**Email**