

**Douglas County Branch AAUW
Scholarship Application**

Name _____

Address _____

City/St/Zip _____

Email Address _____

Telephone _____ Date of Birth _____

EDUCATION:

Current Institution _____

Major _____ Minor _____

High School _____ Date Graduated _____

Activities/Honors/Awards _____

Number of years until completion of degree or educational
program _____

WORK EXPERIENCE:

Present Employment ft/pt _____

Previous Employment _____

COMMUNITY ACTIVITIES:

Please list community organizations, volunteer activities and family
activities in which you are involved.

Please answer the following questions.

1. What motivates you to continue your education at this time?

2. What are your future goals and career objectives?

3. How would this scholarship assist you in achieving these objectives?

4. List other sources for financial support.

Please mail completed application, transcript and letters of recommendation to:

Douglas County AAUW Scholarship Committee
3 Rock Street
Castle Rock, CO 80104