

## **AAUW – READING BRANCH GRADUATE SCHOLARSHIP**

The applicant shall provide a completed typed application form (may be typed directly online then printed out); a school transcript; a copy of last year's tax return; and two signed letters of recommendation from faculty members of applicant's previous educational institution. All of the above materials must be compiled together and sent - postmarked by **MAY 26<sup>TH</sup>**.

Verification of acceptance into an educational program will be required before money is disbursed.

All applications will be treated confidentially. Scholarship recipients' names will be published. Re-applications will be considered, although new applicants will be given a priority.

Scholarship funds are raised through the AAUW-Reading Branch/Friends of the Library Book Bonanza held each summer.

Mail the compiled application and all necessary materials no later than **May 26**

AAUW-Reading Branch  
Graduate Scholarship Committee  
204 Sanibel Lane  
Wyomissing, 19610-3320

- Have you include
- \* Completed application form
  - \* Copy of previous year tax return
  - \* School Transcript
  - \* Two letters of recommendation in sealed envelopes

Questions may be directed to [donnajudd@aol.com](mailto:donnajudd@aol.com)

Additional information is available at <https://reading-pa.aauw.net>

**American Association of University Women - Reading Branch  
Graduate School Scholarship Application**

**NAME:** Last \_\_\_\_\_ First \_\_\_\_\_ Middle Initial \_\_\_\_\_

**ADDRESS:** Number & Street / Apt. \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

**PHONE:** Home \_\_\_\_\_ Cell \_\_\_\_\_

**E-mail Address:** \_\_\_\_\_

**Education: High School to Present:**

School	Dates	Area of Study	Degree	GPA

**Employment Information:**

Employer (Name & Address)	Dates	Job Responsibilities

**Name of graduate school:** \_\_\_\_\_

**Area of concentration:** \_\_\_\_\_

**Degree or Certification goal:** \_\_\_\_\_

**Anticipated date of graduation:** \_\_\_\_\_

**Yearly tuition:** \_\_\_\_\_

**Previous AAUW Scholarship recipient:** Yes \_\_\_\_\_ No \_\_\_\_\_

1. What are your career goals?

2. How do you plan to fund your graduate education?

3. Do you have any other expenses above the ordinary that would make your need greater? Please explain.

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Signature of Applicant

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Date