

## NON-TRADITIONAL SCHOLARSHIP APPLICATION

### AAUW READING BRANCH

The applicant shall provide a completed typed application form; 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 30TH**

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.

Scholarships 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 30TH**

AAUW Reading Branch  
Non-Traditional Scholarship Committee  
118 Tobias Rd  
Bernville, PA 19506

Have you included:

- \* Completed application
- \* Statement of need
- \* Copy of previous tax return
- \* School transcript
- \* Two letters of recommendation

Questions may be directed to: [aauwreadingpa@gmail.com](mailto:aauwreadingpa@gmail.com)

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

**AMERICAN ASSOCIATION OF UNIVERSITY WOMEN-READING BRANCH**

\_\_\_\_\_  
**NAME** (Last) (First) (Initial)

\_\_\_\_\_  
**ADDRESS** (# & Street) (Apt.) (City) (Zip code)

\_\_\_\_\_  
**PHONE** (Home) (Work/Cell) **ANNUAL FAMILY INCOME** (Approx.)

**EMAIL ADDRESS:** \_\_\_\_\_

**EDUCATION** List schools attended and major areas of concentration.  
(High School, College or Vocational School, Adult & Continuing Education, etc.)

SCHOOL	DATES	AREA(S) OF STUDY	DEGREE	GPA
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**EMPLOYMENT INFORMATION**

EMPLOYER (Name & Address)	DATES	RESPONSIBILITIES	REASON FOR LEAVING
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**EDUCATIONAL and PROFESSIONAL GOALS**

Area of concentration: \_\_\_\_\_ Name of school: \_\_\_\_\_

Expected graduation date: \_\_\_\_\_ Degree or Certification : \_\_\_\_\_

**FINANCIAL NEEDS and RESOURCES**

Do you have other financial awards: \_\_\_\_\_ Amount \_\_\_\_\_  
Please attach last year's tax return and an explanation of your financial need.

Previous Re-entry recipient? Yes \_\_\_ No \_\_\_

How did you hear of this scholarship? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
**SIGNATURE OF APPLICANT**

\_\_\_\_\_  
**DATE**