

Scholarship Application

Return by MARCH 3, 2025 to: awcscholarship@alamowomensclub.org.

NAME:	
EMAIL:	PHONE:
ADDRESS:	
SCHOOL CURRENTLY ATTENDING:	
1. EDUCATION/VOCATIONAL PLANS, INCLUDI	NG SCHOOL AND MAJOR, IF KNOWN:
2. DESCRIBE YOUR STRENGTHS:	
3. LIST SPECIAL ACCOMPLISHMENTS:	
4. DESCRIBE COMMUNITY INVOLVEMENT:	

5. HOW WILL THE AWC SCHOLARSHIP AWARD FURTHER YOUR EDUCATIONAL GOALS? HOW WILL YOU SPECIFICALLY USE THE FUNDS?

6.	LIST THE OTHER SCHOLARSHIPS FOR WHICH YOU HAVE APPLIED FOR NEXT YEAR (ADD ANOTHER SHEET IF NECESSARY):
7.	LIST OTHER SCHOLARSHIPS YOU HAVE ALREADY RECEIVED FOR NEXT YEAR (ADD ANOTHER SHEET IF NECESSARY):
8.	AMOUNT OF MONTHLY FINANCIAL ASSISTANCE YOU RECEIVE FROM YOUR PARENTS OR OTHERS:
\$_	; NAME AND PHONE NUMBER OF PERSON(S):
	NOUNT OF NET MONTHLY INCOME YOU EARN: \$
A٨	IOUNT OF MONTHLY RENT YOU PAY: \$
NU	IMBER AND AGES OF CHILDREN OR OTHER DEPENDENTS:
9.	NAMES OF THOSE WHO WROTE YOUR RECOMMENDATIONS:
a.	Position and Organization:
b.	Position and Organization:
10	Applicants must attach a personal essay as outlined in the attached <i>Mission Statement and Criteria</i> , a current transcript, and two (2) Letters of Recommendation as noted in the Instructions for the AWC Scholarship Letters of Recommendation. Please include your name and phone number at the top left of your essay on every page.
11	. Type Name:
	Signature:
	Date: