

AMERICAN ASSOCIATION OF UNIVERSITY WOMEN

National Conference for College Women Student Leaders 2017

May 31st - June 3rd, 2017

University of Maryland, College Park



St Cloud Area Branch Scholarship Application

Please Print or Type through entire document

First Name:

Last Name:

College/University Attending:

Campus Address:

City:

State:

ZIP:

Current Campus E-Mail:

Current Campus Phone/Cell:

Permanent home address:

City:

State:

ZIP:

Name of High School attended:

City and state of High School:

Home Email, if any:

Home phone:

Current age, circle one? Under 18 18-22 23-27 28-34 over 34

What was your academic status in fall 2016, circle one: First Year Soph Junior

Application materials needed:

- Attach a resume which includes any extracurricular activities while in college or your last two years of high school such as sports, employment, volunteer activities, memberships, leadership positions.
- In a short essay, describe in 100 words or less how your background and interest will contribute to the diversity of the conference and what you personally would like to gain from conference attendance.
- Describe in 100 words or less your definition of leadership.
- Have a faculty/staff member from your college/university review your application and sign as a nominator below.

Faculty/Staff Nominator:

Name (Please Print):

Signature:

Title:

Date:

Applicant's Certification I verify that the information provided in this application is correct. I agree to notify the sponsoring AAUW branch within 3 business days the status of my acceptance. I agree that if awarded a scholarship, I am responsible for participating in all conference activities, providing a written and/or verbal report to your sponsoring branch and MN coordinator, become a student member of AAUW & branch for the next academic year and participate in at least two requested activities with the branch in that year. I will provide full reimbursement to AAUW should I neglect to participate fully, am unable to attend the conference or complete my learning activity for any reason.

Applicant's Signature:

 Printed Name

Signature

Date

Please Submit Application Documents to:**OR****Email Application to:**

St Cloud Area AAUW

stcloudaauw@gmail.com

NCCWSL Application

PO Box 7694

St Cloud MN 56302

Application must be postmarked by mailing service by Dec. 8, 2016.