

**AMERICAN ASSOCIATION OF UNIVERSITY WOMEN
Del Mar-Leucadia Branch California, Inc.
P.O. Box 910595, San Diego, CA 92191**

PRELIMINARY SCHOLARSHIP APPLICATION

Student's Name:

(Last) _____

(First) _____

(Middle) _____

Home Address: _____

Phone Number: _____

E-mail: _____

College Start Date: _____

College Re-Entry Date: _____
(If Applicable)

College GPA: _____
(If Applicable)

Colleges Attended:
(If applicable)

High School Attended: _____

High School GPA: _____

What degree are you seeking: _____

Expected graduation date: _____

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Name: _____

Please tell the Local Scholarship Committee about yourself:

- (a) Personal Mission Statement;**
- (b) Education Goals; and**
- (c) Why you choose your field of study.**

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Name: _____

Briefly describe your financial needs:

I certify that I have personally provided the preceding information and that it is correct and complete.

Signature Date