

**PROJECT RENEW SCHOLARSHIP APPLICATION**  
**American Association of University Women - Janesville**

**A scholarship of \$500 will be awarded to Janesville-area female students:**

- At least 25 years of age
- Enrolled in a degree program
- Whose education was interrupted because of family or financial obligations/situations

**Selection will be based upon:**

- Financial need
- Clear career goals
- Record of academic success

**Personal Information**

Name \_\_\_\_\_

Email \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

I am 25 years of age or older (circle)    Yes    No

Current employment (company/organization and position) \_\_\_\_\_

\_\_\_\_\_

Previous work experience (include company/organization, positions, approximate dates)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Education**

High School \_\_\_\_\_ Grad. date \_\_\_\_\_ GPA \_\_\_\_\_

Previous college \_\_\_\_\_ Dates \_\_\_\_\_ GPA \_\_\_\_\_

\_\_\_\_\_ Dates \_\_\_\_\_ GPA \_\_\_\_\_

Current college \_\_\_\_\_ Since \_\_\_\_\_ GPA \_\_\_\_\_

Major field of study \_\_\_\_\_ Degree planned \_\_\_\_\_

Number of credits earned to date \_\_\_\_\_ Additional credits needed to graduate \_\_\_\_\_

School you are planning to attend next year \_\_\_\_\_

Accepted? \_\_\_\_\_ How many credits you will carry the semester you begin? \_\_\_\_\_

Who is responsible for financing your continuing education? \_\_\_\_\_

\_\_\_\_\_

List other scholarships/financial aid available to you for the next school year. \_\_\_\_\_

\_\_\_\_\_

**References**

Please request a letter of recommendation from someone who can attest to your previous academic performance and/or personal qualifications for this award (work supervisor, professor, or teacher). Include with your application or have it sent to the address below.

Name \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_

How does this person know you? \_\_\_\_\_

**Activities** Include those you are involved in now, as well as in the past.

High school \_\_\_\_\_

College \_\_\_\_\_

Community/other \_\_\_\_\_

**Awards and Recognitions** List awards and/or recognitions you have received.

High school \_\_\_\_\_

College \_\_\_\_\_

Community/other \_\_\_\_\_

**Career Goals**

When do you hope to complete your education? \_\_\_\_\_

What do you hope to do with your education? What are your long-range career plans?

**Personal Statement**

Describe personal circumstances and reasons for applying for this scholarship. What caused your education to be interrupted? What has motivated you to return to school? (Use additional paper)

**Send completed application by April 1:**

**AAUW - Janesville Branch, PO Box 8033, Janesville, WI 53547-8033**