#### American Association of University Women Morton Branch Laura Fuoss Memorial Grant

Eligi	bility	' Req	uiren	ients:

	female student with a Bachelors' Degree, entering or presently atte degree program or working toward an advanced certification at rsity.
~ employed in M ~a Morton High	ne Morton School District, Iorton, School graduate, or orton Branch member.
	e college grade point average of 3.0 on a 4.0 scale or Official transcripts are required.
Judging Criteria:	
Scholarly achievement	ent
☐ Leadership in profes	ssional/civic organizations
☐ Occupational choice	and career goals
☐ Reference evaluation	ns
☐ Personal interview at	discretion of the committee

Monetary Award: \$1000 awarded in June

Deadline for Applications: May 1, 2024

Please submit application, one personal reference evaluation, two professional reference evaluations and official transcripts to:

Lynne Walters 126 Maple Ridge Drive Morton, IL 61550 Or hrwthompson@yahoo.com

# **American Association of University Women Laura Fuoss Memorial Grant Application**

Directions: Applicant must complete grant application on pages 1-4. The reference evaluations on pages 5-7 must be completed and signed by a person other than the applicant or a relative.

Please type the application.

Name			
(Last)	(First)	(Initial)	(Maiden)
Permanent street address			
City	State	Zip Code	
Phone	Email		
Address while attending school:			
Street address			
City			
Phone			
If employed, type of work			
Work address			
City			
Work phone			
Date of High School Graduation _			
Name of High School			
Address			
City			
College and University Attendance	e: (use additional sheet if	needed)	
Name, City and State	Dates	De	grees
_			

Institution where presently enrolled:			
Name			
City			
Course of study			
Certification or degree sought			
Expected date of graduation			
List any special scholastic honors or	recognition you have ea	arned.	
List school and community activities	s including offices held.		

What are your fu	ture goals?		

What factors influenced your career choice?

Why should you be selected to receive this grant?
The information in this application is complete and valid to the best of my knowledge.
Signature of applicant
Date

## MEMORIAL GRANT REFERENCE EVALUATION (Personal Reference)

This form is to be completed by a <u>person other than a faculty member</u>, <u>employer</u>, <u>or relative</u>.

Name of Applicant					
	Superior	Above Average	Average	Below Average	Inadequate Opportunity to Observe
Probability of success					
Dedication to career and goals					
Reliability					
Self-initiative					
Ability to work with others					
Ability to handle challenging assignments					
Under what circumstan	ces do you ob	serve this applica	ant?		
Comments:					
Evaluator: If needed, and this form may jeopardize					completely fill ou
			Eva	luation prepared	by:
			Rela	ationship to App	licant

#### MEMORIAL GRANT REFERENCE EVALUATION (Professional Reference)

This form is to be completed by a person with can attest to your scholarly and/or professional abilities (such as a professor, advisor, instructor, employer, co-worker, or supervisor)

Name of Applicant					
	Superior	Above Average	Average	Below Average	Inadequate Opportunity to Observe
Probability of success					
Dedication to career and goals					
Reliability					
Self-initiative					
Ability to work with others					
Ability to handle challenging assignments					
Under what circumstan	ices do you ob	serve this applica	ant?		
Comments:					
Evaluator: If needed, at this form may jeopardic					completely fill ou
			Eva	luation prepared	by:
			Rela	ntionship to App	licant

## MEMORIAL GRANT REFERENCE EVALUATION (Professional Reference)

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Name of Applicant					
	Superior	Above Average	Average	Below Average	Inadequate Opportunity to Observe
Probability of success					
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Under what circumstand					
Comments:					
Evaluator: If needed, ar this form may jeopardiz					ompletely fill out
			Eva	luation prepared	by:
			Rela	ntionship to Appl	icant