## American Association of University Women Laura Fuoss Memorial Scholarship Application

Directions: Applicant must con pages 5-7 mus relative.	nplete scholarship application t be completed and signed by				
	Please type the a	application.			
Name(Last)	(First)	(Initial)	(Maiden)		
Permanent street address					
City	State		Zip Code		
Phone	Email				
If employed, type of work					
Work address					
City	State				
Work phone					
Date of High School Graduation	n				
Name of High School					
Address					
City	State	Zip Code			
College and University Attend	ance: (use additional sheet if	needed)			
Name, City and State	Dates	De	egrees		

Institution where currently enrolled:

Name		
City	State	Zip Code
Course of study		
Certification or degree sought		
Expected date of graduation		

List any special scholastic honors or recognition you have earned.

List school and community activities including offices held.

What factors influenced your career choice?

What are your future goals?

Why should you be selected to receive this scholarship?

The information in this application is complete and valid to the best of my knowledge.

Signature of applicant

Date

\_\_\_\_\_

## MEMORIAL SCHOLARSHIP REFERENCE (Personal Reference)

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

	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	nces do you ob	serve this applic	cant?		
Comments:					

Evaluator: If needed, another sheet of paper may be added for this section. Failure to completely fill out this form may jeopardize the candidate's consideration for the AAUW Scholarship.

Evaluation prepared by:

Relationship to Applicant

## MEMORIAL SCHOLARSHIP REFERENCE (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	ces do you obser	ve this applicant	?		
Comments:					

Evaluator: If needed, another sheet of paper may be added for this section. Failure to completely fill out this form may jeopardize the candidate's consideration for the AAUW Scholarship.

Evaluation prepared by:

Relationship to Applicant

## MEMORIAL SCHOLARSHIP REFERENCE (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)

	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 circumstar	nces do you ob	serve this applic	ant?		
Comments:					

Evaluator: If needed, another sheet of paper may be added for this section. Failure to completely fill out this form may jeopardize the candidate's consideration for the AAUW Scholarship.

Evaluation prepared by:

Relationship to Applicant