American Association of University Women Laura Fuoss Memorial Scholarship Application

Directions: Applicant must complete scholarship 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.

Submit completed application to: jillgreenwoodwilliamson@gmail.com

Please type the application.

Name			
(Last)	(First)	(Initial)	(Maiden)
Permanent street address			
City	State	Zip Code	
Phone	Email		
f employed, type of work			
Work address			
City	State	Zip Code	
Work phone			
Date of High School Graduation	on		
Name of High School			
Address			
City	State	Zip Code	
College and University Attend	ance: (use additional sheet if n	eeded)	
Name, City and State	Dates	Deg	grees

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 r	recognition you have earned.	
List school and community activities	including offices held.	

What factors influenced your career choice
WI
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					

 $Submit\ application\ to: jill greenwood williams on @gmail.com$

MEMORIAL SCHOLARSHIP REFERENCE (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	·		ant?			
Comments:						
Evaluator: If needed, at this form may jeopardin					completely fill out	
			Eva	luation prepared	by:	
			Rela	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)

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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, a this form may jeopardi					completely fill out	
				luation prepared	by:	
			Rela	Relationship to Applicant		

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Comments:					
Evaluator: If needed, a this form may jeopardi					completely fill ou
			Eva	luation prepared	by:
			Rela	Relationship to Applicant	