



College/University 2021 Scholarships for Women

The American Association of University Women (AAUW) is a national organization that advances equity for women and girls through advocacy, education, philanthropy and research.

AAUW Roanoke Valley Branch funds scholarships for women who are:

- Currently enrolled students who will complete high school in the 2020-2021 academic year.
- 21 years or older and are high school graduates who have not previously obtained a bachelor's degree.
- Graduated from high school and currently enrolled in an accredited college or university pursuing a career in science, technology, engineering, or mathematics (STEM) – The *Myrtle and Norman Shifflett Scholarship for Women*.
- Graduated from high school and currently enrolled in an accredited college or university pursuing a career in the humanities. The *Dorothy Kayser Provine Scholarship for Women*.
- Graduated from high school or are enrolled or graduated from college and are pursuing a degree in nursing. While **not** a requirement for application, preference will be given to applicants who are or have been involved with ROTC programs. The *Marcie Réne Buckles-Tickle Scholarship for women*.

Eligibility

Any woman matching the eligibility of one of the scholarships listed above and who resides in the Cities of Roanoke or Salem, the Town of Vinton, or the Counties of Roanoke, Botetourt or Craig may apply for a scholarship. Applicants who may qualify for more than one of the scholarships listed above can **apply for only one**.

Applications

Applications are available in area high school guidance departments, college or university financial offices, online at the AAUW Roanoke Valley website: <http://roanokevalley-va.aauw.net>, email melody.blankenship@gmail.com or call Mrs. Blankenship at 540-556-7971. Please follow the directions in the application packet carefully. The following supplemental documents must be included with the completed application.

- Essay required by the scholarship for which you are applying
- Latest federal income tax form filed by you and, if you are listed as their dependent, your parent(s).
- Copy of official high school or college transcripts
- Three letters of recommendation

All applications must be postmarked by April 3, 2021. Mail all documents required for application to: (Online applications are not accepted.)

**Melody Blankenship
ATTN: AAUW Roanoke Branch
2311-G Broadway Ave, SW
Roanoke, VA 24014**

Incomplete applications or applications postmarked past the deadline will not be considered.

Scholarship recipients will be notified of their award no later than April 16, 2021. The funds must be used by the end of the 2021 academic year and are not renewable.

For questions about the scholarship application process, please call or send a text to 540-556-7971 or email melody.blankenship@gmail.com.



AMERICAN ASSOCIATION OF UNIVERSITY WOMEN, ROANOKE VALLEY WOMEN'S 2021 SCHOLARSHIP APPLICATION

Instructions

(Read very carefully and follow exactly)

Student Name

Ms.(Mrs.) _____
Last Name First Name MI

Choose the **ONE** scholarship for which you wish to apply. **APPLICATION DEADLINE: April 3, 2021.** The application must be post marked **no later** than the deadline.

I am applying for the (CHECK ONLY THE **ONE** SCHOLARSHIP FOR WHICH YOU ARE APPLYING)

- ☐ \$1,000 Scholarship for currently enrolled female students who will complete high school in the 2020-2021 academic year.
- ☐ \$1,500 Scholarship for women who are high school graduates, 21 years or older and who have not previously obtained a bachelor's degree.
- ☐ \$1,500 Myrtle and Norman Shifflett Scholarship for women who are currently enrolled in an accredited college or university pursuing a career in science, technology, engineering, or mathematics (STEM)
- ☐ \$2,000 Dorothy Kayser Provine Scholarship for women who are currently enrolled in an accredited college or university pursuing a career in the Humanities.
- ☐ \$2,000 Marcie Réne Buckles-Tickle Scholarship for women who have graduated from high school or are enrolled or graduated from an accredited college and are pursuing a degree in nursing. While **not** a requirement for application, preference will be given to applicants who are or have been involved with ROTC programs.

PERSONAL INFORMATION

Please type or print clearly in blue or black ink

Student Name:

Last Name First Name MI

Mailing Address:

Street address

City County State Zip

Home phone: () _____ Work: () _____ Cell: () _____

Birth date: _____ Last 4 digits of SS No. _____

Email address: (for use only by AAUW Scholarship Committee):

Permanent Address (if different from above): Correspondence regarding this application will be sent to your permanent address.

Street address: _____

City County State Zip

Graduating/Graduated from:

High School: _____ Graduation Date: _____

City/County: _____ State: _____

Educational History (*Provide only post-high school information*):

List educational institutions you have attended as well as workshops, seminars, etc. Begin with the most recent information.

Name of Institution	Credit Hrs.	GPA	Dates Attended	Degree Granted

MARK APPROPRIATE CHOICE

Level you will be entering in college:

Freshman____ Sophomore____ Junior____ Senior____ Graduate School ____

List in order of your preference the accredited colleges or universities to which you have applied and complete the additional information.

Name of College or Institution	Type of Institution (2yr, 4yr, other)	Accepted? Yes/No/Pending	Est. cost per year (Tuition, Room & Board)
			\$
			\$
			\$
			\$

Degree you will be pursuing:

AA____ AS____ BA____ BS____ Other____

Field of Study _____

Enrollment status if you are **not** enrolling as a full-time student. *

____Part-time (6-11 credit hours) _____Less than part-time (Less than 6 hours)

How many hours will you be taking? _____ How many hours will you be taking? _____

**Priority given to full-time students*

Academic, Leadership, Community, Sports, Faith Activities, Clubs, Student Government, Volunteer Work etc.

Include approximate number of hours spent in each activity. List the complete name of the activity; no acronyms, please.

Activity	Hours Spent per	Circle one
_____	_____	week/month/year/one time only
_____	_____	week/month/year/one time only
_____	_____	week/month/year/one time only
_____	_____	week/month/year/one time only
_____	_____	week/month/year/one time only
_____	_____	week/month/year/one time only

Honors Received

Name of Honor	Sponsor (school or organization)	Year Received
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Employment

<i>Employer</i>	<i>Job Description</i>	<i>Supervisory Positions Held</i>	<i>Date of Employment</i>
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>

If you have anything to add that you think is relevant to the committee's understanding of your **abilities or personal experiences**, please use this space:

ESSAY INSTRUCTIONS: Essay topics are specified below for each of these funds. Your essay is extremely important and should be typed **DOUBLE SPACED**, **WITH THE PAGE NUMBER, YOUR NAME AND THE NAME OF THE SCHOLARSHIP FOR WHICH YOU ARE APPLYING IN THE TOP, LEFT-HAND CORNER OF EACH PAGE.** Please follow directions carefully.

- ☐ *\$1,000 Scholarship for currently enrolled female students who will complete high school in the 2020-2021 academic year.*
Essay Topic: Why are you deserving of this scholarship OTHER THAN FOR FINANCIAL REASONS? (Maximum 1 page)
- ☐ *\$1,500 Scholarship for women high school graduates who are 21 years or older and who have not previously obtained a bachelor's degree.*
Essay Topic: What are your reasons for seeking a college education and why are scholarship funds important? (Maximum 2 pages)
- ☐ *\$1,500 Myrtle and Norman Shifflett Scholarship for women currently enrolled in an accredited college or university who are pursuing a career in science, technology, engineering, or mathematics (STEM).*
Essay Topic: Give your reasons for wanting to enter a STEM field, the area you plan to pursue, and why you are applying for the scholarship OTHER THAN FINANCIAL REASONS. (Maximum 2 pages)
- ☐ *\$2,000 Dorothy Kayser Provine Scholarship for women currently enrolled in an accredited college or university who are pursuing a career in the humanities.*
Essay Topic: In today's high-tech world, what are your reasons for pursuing a career in the humanities? (Maximum 2 pages).
- ☐ *\$2,000 Marcie Réne Buckles-Tickle Scholarship for women who have graduated from high school or are enrolled or graduated from an accredited college and are pursuing a degree in nursing. While **not** a requirement for application, preference will be given to applicants who are or have been involved with ROTC programs.*
Essay Topic: What are your reasons for pursuing a career in nursing. What is your ultimate goal in this discipline? (Maximum 2 pages).

Please insert your essay after this page.



FINANCIAL AID ASSISTANCE QUESTIONNAIRE

Student Name: _____ Last 4 digits of SS# _____

INCOME, EXPENSES, AND ASSET DATA

This information is required to assess the financial need of each applicant. Please complete the student information section of this form. If you are a **dependent student**, you must also have your parents complete the parent section. Use federal income tax returns for the latest year filed. If you are an **independent student**, income information about you and your spouse, if applicable, must be included. This information will be treated as confidential information and used only for the purpose of applicant evaluation by the AAUW Scholarship Committee. We suggest you blackout Social Security numbers on tax forms.

	Parent/Spouse	Student
Annual adjusted gross income	\$ _____	\$ _____

Total number of people living in the household **including those who are not** dependents _____

FINANCIAL RESOURCES	YES/NO/PENDING	TOTAL AMOUNT Of AWARD (Anticipated or actual)
Financial aid from your college/university		\$
Grants		\$
Scholarships List in the Name of Scholarship box on the next page		\$
Loans		\$
Work study		\$
Tuition waiver		\$
Veteran's educational benefits		\$
Tuition reimbursement from employer		\$
Savings		\$
Other		\$

List all dependents other than the applicant:

NAME	AGE	RELATIONSHIP TO APPLICANT	SCHOOL, COLLEGE, OR OCCUPATION

Will you be receiving any of the following financial resources to assist you with your college expenses?

Please list all scholarships for which you have applied.

NAME OF SCHOLARSHIP	TOTAL AMOUNT PER YEAR (Anticipated or actual)
	\$
	\$
	\$
	\$

Part of the criteria for receiving one of these scholarships is financial need. Describe personal or family circumstances that make it necessary for you to seek financial aid for your education. If you and your family have unusual circumstances, such as illnesses, unemployment, etc. that affect income, please include those as well. **Limit your response to the space in the box below.**

CERTIFICATION

I/We certify that the information in this financial aid application is true and complete to the best of my knowledge. Falsification of information may result in disqualification and/or termination of any scholarship granted. I/We will supply any additional information AAUW Roanoke Branch Scholarship Committee may request.

APPLICANT SIGNATURE _____ DATE _____

PARENT (SPOUSE) SIGNATURE _____ DATE _____

ALL APPLICANTS: Complete all pages of the application and any supplemental forms/essays as required. Check list below.

1. If you are a high school student, make sure a School Official/Guidance Counselor submits an official high school transcript.
2. If you have graduated from high school and have never been enrolled in college, you must attach a copy of your high school transcript.
3. If you are currently enrolled in college, you must attach a copy of your college transcript. If you have only been enrolled for one semester, please submit whatever school record is available.
4. If it is the policy of the school you attend not to give official school records to students, these records may come directly from the school **providing they arrive before the deadline**.
5. You must have three (3) recommendation letters. **All** recommendations should be given to you by the writer in a sealed envelope. Send **all** the envelopes to AAUW address below, **unopened and in one packet**. Recommendation letters that are sent separately must arrive by the deadline or your application will be considered incomplete and will not be reviewed. (Do not submit letters from a relative or family member).
6. 201 or latest federal income tax return filed by your parents (if you are a dependent) as well as your own and your spouse returns if you were required to file. It is recommended that all social security numbers on submitted tax records be blacked out. (DO NOT INCLUDE W-2 OR SCHEDULES). Do not submit a Student Aid Report (SAR).
7. Completed Application. **DO NOT STAPLE YOUR APPLICATION OR ITS ATTACHMENTS.**

APPLICANT STATEMENT: I certify that I have read and understand the scholarship application instructions and requirements stated above.

Applicant's Signature _____ **Date** _____

Mail application to:

Melody Blankenship
AAUW Roanoke Branch
2311-G Broadway Ave.
Roanoke, VA 24014
Phone: 540-556-7971

Faxed or emailed applications will not be accepted.

Application deadline is April 3, 2021

This is a postmark deadline.

APPLICANT STATEMENT

I certify that the information in this application is, to the best of my knowledge, complete and accurate. I understand that false statements on this application will disqualify me from a scholarship. In addition, I understand that the information contained in my application may be shared with the scholarship committee, the AAUW Board of Directors or scholarship sponsor. If selected as a scholarship recipient, AAUW Roanoke Branch has my permission to use my photograph and any general non-financial information included in this application for publicity purposes. I further certify that, if funds are received, they will be used for the educational purposes for which they are granted. I also give permission for my high school or college to release any information necessary to process my application.

Applicant's Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

How did you hear about the AAUW Roanoke Valley Scholarship Program?

_____ School Guidance Office

_____ School Event (Financial Aid Night/College Night)

_____ AAUW Website

_____ Social Media

_____ Other – please specify _____