



Community College Scholarship Application

Name _____

Street _____

City/ZIP _____

Home Phone _____ Cell Phone _____

Email _____

High School Currently Attending _____

Community College you plan to attend _____

Are you the first in your immediate family to attend college? ____yes ____no

College savings: \$ _____ Do you work part time? ____yes ____no

Employer _____

Please return to the address below:

1. Four copies of your completed application and four copies of your essay
2. Four copies our high school's scholarship packet
3. Four copies of your high school transcripts
4. Two letters of recommendation, four copies of each letter

AAUW Amador, Scholarship Chair

P.O. Box 611

Sutter Creek CA 95685

For additional information email the Scholarship Chair: <http://amador-ca.aauw.net/contact/>

This application must be postmarked by March 15 and cannot be returned.

Revised 11/22/15