



RE-ENTRY SCHOLARSHIP APPLICATION

Name: _____ Phone: (____) _____

Address: _____

Amador County Residence: Dates (at least 2 of the last 6 years): _____

Address (if different from above): _____

Date of Birth: _____

Partner's Name: _____ Children: _____

Selection of the scholarship recipient will be made based on the following priorities: (1) Need, please be specific (items 1-5, below); and (2) Consideration of personal and professional goals and objectives (item 6, below).

1. Current sources and amounts of income. Failure to include specific amounts will result in denial of application.

A. Employment: Are you currently employed? Yes No

If "yes" please tell us where: _____

Position held: _____ Income: \$ _____

B. Paid Community Activities—Please list: _____

C. Expected income for your education from family: estimated amount for year: \$ _____

D. Other sources of income: _____

2. Expenses (monthly or annually)

A. Rent, including utilities: \$ _____

B. Transportation: \$ _____

C. Food: \$ _____

D. Incidentals, additional expenses such as clothing: \$ _____

E. Number of children/dependents: _____ Ages: _____

F. Tuition/college costs:\$ _____

G. Books: \$ _____

H. Other expenses: _____

3. Have you ever attended college? If so, name of college and location: _____

NOTE: While previous college attendance is not required, you must have a plan to resume your education. The scholarship will be awarded only upon PROOF OF REGISTRATION for fall/spring semester.

A. Major or Subject area: _____

B. Units: Number you plan to carry: _____

4. List any special awards, achievements, honors (Include dates earned) from any organization to which you might have belonged: _____

5. In what community activities (volunteered or paid) have you engaged? _____

6. On a separate sheet of paper write an essay that includes the following:

- A. A brief autobiographical sketch.
- B. Your personal and professional goals for the future.
- C. What has influenced your goals?
- D. Why do you feel it is important for you to be educated at this time?

Please return the four copies of your completed application and four copies of your essay to:

AAUW Amador Scholarship Chair
P.O. Box 611
Sutter Creek, CA 95685

For further information contact the [Re-entry Scholarship Chair](#).

APPLICATIONS MUST BE POSTMARKED BY MARCH 15.

Applications will not be returned.

Signature: _____ Date: _____