



UPPER DIVISION /GRADUATE SCHOLARSHIP APPLICATION

Please include a college transcript of your units to date (at least 60 semester or 90 quarter credits). An unsealed photocopy of your transcript is acceptable.

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

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

Address (if different from above): \_\_\_\_\_

Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_

Determination of recipient will be made to be the following priorities: (1) Need, please be specific, (2) Grade Point Average (3) Consideration of personal and professional goals and objectives and (4) three current letters of recommendation

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

A. If currently employed, name of your employer \_\_\_\_\_

Position held: \_\_\_\_\_ Income: \_\_\_\_\_

B. Expected income for your education from family: estimated amount for year: \_\_\_\_\_

C. Other scholarships awarded for next year:

Name of scholarship: \_\_\_\_\_ Amount: \_\_\_\_\_

Name of scholarship: \_\_\_\_\_ Amount: \_\_\_\_\_

*(If more than two please list on back of sheet)*

D. Other sources of income. \_\_\_\_\_

E. Total amount of expected educational income: \_\_\_\_\_

**2. Expected expenses per year**

A. Rent including utilities \_\_\_\_\_

B. Transportation: \_\_\_\_\_

C. Food: \_\_\_\_\_

D. Incidentals-clothing etc. \_\_\_\_\_

E. Number of children/dependents: \_\_\_\_\_ Ages \_\_\_\_\_

F. Tuition (Do not include remission from employer): \_\_\_\_\_

G Books: \_\_\_\_\_

H. Total amount of expected expenses: \_\_\_\_\_

**3. College Currently Attending:** \_\_\_\_\_

*NOTE: While current attendance is not required, you must have plans to continue your education. The scholarship will only be awarded upon PROOF OF REGISTRATION for fall term.*

A. Major or Subject area: \_\_\_\_\_

B. Units: Number you are currently carrying: \_\_\_\_\_ Number completed: \_\_\_\_\_

C. Current G.P.A. \_\_\_\_\_

**4. List any special awards, achievements, and honors, previous scholarships-Include dates.**

\_\_\_\_\_

**5. In what volunteer or paid community activities have you participated?**

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

A. A brief autobiographical sketch, including any extenuating circumstances.

B. Reason for requesting this scholarship.

C. Your personal and professional goals.

D. What has influenced your goals?

E. Why do you feel it is important for you to continue your education?

Please return the four copies of:

1-Four copies your completed application

2-Four copies transcripts

3-Four copies of all three letters of recommendation

Mail to: AAUW Amador Upper Division Scholarship Chair, P.O. Box 729, Pine Grove, CA 95665

For further information email: [Upper Division Scholarship Chair](#)

APPLICATIONS MUST BE POSTMARKED BY March 15.

Applications and transcripts will not be returned.

Revised 10/14/2019