



American Association of University Women-Easton Branch
2024 Mature Woman's Grant Application

Eligibility: Women, ages 25 and over; residents of: Caroline, Dorchester, Kent, Queen Anne's, or Talbot County; and accepted at an accredited educational institution

Applications: Must be postmarked or e-mailed by June 3, 2024.

Submit applications to:

AAUW Grant Committee
28410 Pinehurst Circle
Easton, MD 21601

Email: aauwgrant@goeaston.net

Please type or print clearly; illegible applications will not be considered.

Name: _____ Date of Birth: _____

Home Address: _____

Phone: (home) _____ (work) _____

Email: _____

Educational Background (if level not completed, please indicate major and credit hours or courses completed; e.g. Criminal Justice, 6 hours):

High School _____
Date completed _____ Grade Point Average _____ Type of Diploma Granted _____

Undergraduate School _____
Date completed _____ Grade Point Average _____ Type of Degree Granted _____

Graduate School _____
Date completed _____ Grade Point Average _____ Type of Degree Granted _____

Certificate or Other School _____
Date completed _____ Grade Point Average _____ Type of Certificate/Recognition Granted _____

Applying for grant to assist with coursework in (check one):

Associate Certificate Undergraduate Graduate

For Chesapeake College nursing program application, please indicate number of prerequisites credits earned. _____

Where will you be studying in the fall of 2024? _____

Have you been accepted for the fall semester 2024? YES _____ NO _____

Currently enrolled? Please provide an official transcript

School/Program _____ **Grade Point Average** _____

(If chosen, applicant must provide proof of enrollment prior to receiving award)

Purpose of studies: (Please indicate how the knowledge gained will be used in your community.)

Describe your professional and/or volunteer activities that relate to the educational development and equality of women and girls.

Outline your educational, career and long range goals:

Statement regarding your financial need: (Please be as specific as possible; all financial information will be kept confidential.)

How did you hear about this grant opportunity? _____

(Please feel free to submit additional pages if the space provided is not sufficient.)

.....
The information provided is accurate to the best of my knowledge. In the event that I cannot continue my studies, I agree to refund to AAUW any grant money received.

Applicant's Signature

Date

(if submitted electronically, indicate concurrence here)

AAUW Mission Statement: AAUW advances equity for all women and girls through advocacy, education, philanthropy and research