



American Association of University Women-Easton Branch  
2025 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 9, 2025.

**Submit applications to:**

AAUW Grant Committee  
700 Port St Apt 564  
Easton, MD 21601

**Email:** [aauwgrant@goeaston.net](mailto:aauwgrant@goeaston.net)

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

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**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 2025?** \_\_\_\_\_

**Have you been accepted for the fall semester 2025?** 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.)

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**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**