

The St. Paul College Club, Inc.
American Association of University Women Scholarship Trust
990 Summit Avenue, St. Paul, MN 55105
scholarshiptrust@aauwstpaul.org

**2024 HIGH SCHOOL SENIOR WOMEN
COLLEGE SCHOLARSHIP APPLICATION**

Student Contact Information (Print or Type):

Student Name
(first, middle, last) _____

Street address _____

City _____ State _____ Zip _____

Date of birth _____

Telephone number _____ Cell number _____

E-Mail address _____

Name of High School _____

Parent/Guardian name _____

THE FOLLOWING INFORMATION IS REQUIRED AND MUST BE RECEIVED BY TUESDAY, MARCH 5, 2024 (or postmarked by February 29, 2024) FOR APPLICATION TO BE CONSIDERED:

- Cover letter. Explain any financial factors that affect the applicant's need for financial help.**
- Completed Scholarship Application**
- A letter of recommendation from a teacher or counselor**
- Responses to Questions and Essays (use separate sheets of paper)**
- FAFSA copy or federal income tax copies of the high school student and parents/guardian. (Please note: Include SSI benefits statement or MFIP/welfare benefits statement.) All financial data from applicants will be treated confidentially and destroyed following application process.**
- Academic Record Release form**
- An official transcript of high school grades and ACT/SAT test scores**

Financial Information:

Have you filed for FAFSA? Yes _____ No _____

If no, when will you file? _____

How many from your family household will be in college in Fall 2024? _____

List Scholarships you have applied for (and intend to apply for):

Name _____ Amount _____ Received: Yes/No/Pending _____

College Plans:

What is your selected major or desired career? _____

College Name	Location	Accepted Yes/No	Estimated Annual Cost	Received Financial Aid
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

List chronologically the most pertinent Work & Volunteer Experience to date:

Organization	Nature of Work	Dates
_____	_____	From _____ To _____
_____	_____	From _____ To _____
_____	_____	From _____ To _____

Please type responses to the following (use separate sheets of paper):

- **List school, volunteer and community activities and awards**
- **ESSAY: Briefly describe how your future goals reflect AAUW's mission (Not more than 350 words).**
- **ESSAY: (No longer than 1 page) What has been the most significant experience, activity or organization that influenced your life? Why?**

I declare that the information reported on this application is true and complete to the best of my knowledge. I understand that the Trust scholarship is renewable each year ***(for a total of up to 8 consecutive semesters or until I obtain a BA or BS degree, whichever occurs first)*** as long as I continue to attend a four year accredited college or university, carry a full-time load each semester and maintain a B average. The Trustees of the St. Paul College Club, Inc., AAUW Scholarship Trust will treat all scholarship application information confidentially.

The Scholarship Trust will select up to 10 applicants for interviews to be held during the second week of April, 2024.

If selected for an interview, I must bring an updated list of scholarships applied for and received.

Applicant's Signature _____ Date _____

NOTE: All materials must be postmarked no later than February 29, 2024, or if hand delivered to St Paul College Club, be received by March 5, 2024; mail or deliver to:

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AAUW Scholarship Trust
990 Summit Avenue,
St. Paul, MN 55105**

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2024 Scholarship Application Academic Record Release Form

Applicant, please complete and give this form to your high school academic counselor.

Student Name: (Print) _____

High School: (Print) _____

Please send a transcript of my academic record to the Chair of The St. Paul College Club, Inc. AAUW Scholarship Trust at the above address, postmarked no later than **February 29, 2024**, or received by **March 5, 2024**.

Student signature _____

Parent or guardian signature
(if student is less than 18 years) _____

Applicant Test Scores, to be completed by high school academic counselor:

ACT Composite _____

SAT Verbal _____ SAT Math _____

Other information that will help us evaluate this applicant:

Academic Counselor Signature _____

Phone number _____ Date _____

(Postmarked no later than February 29, 2024 or received by March 5, 2024.)

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