

 **AAUW Atlanta Affiliate Scholarship Award**

AAUW (American Association of University Women) advances equity for women and girls through advocacy, education, philanthropy, and research. Founded in 1881, AAUW is the oldest and largest national organization working for the advancement of women. The Atlanta Affiliate of AAUW was founded in 1905. AAUW values and seeks a diverse membership. Membership is open to graduates holding an associate or equivalent, baccalaureate, or higher degree as well as students pursuing a degree.

The AAUW scholarship award is intended to be used for supplemental expenses such as books, fees, childcare, or transportation. Funds for the local Atlanta area AAUW awards have been raised for more than 50 years through our book sales. More information is available at our websites [https://aauwatlanta.org](https://aauwatlanta.org/) and [**www.bookfairaauw.org**](http://bookfairaauw.org/).

**Guidelines for the AAUW Atlanta Affiliate 2025/26 Scholarship Applicant**

1. Apply for financial aid at your college or university for Fall 2025.

2. Review these criteria for the AAUW scholarship award. ALL APPLICATIONS WILL BE CONSIDERED.

**Requirements**

1. Resident of Georgia enrolled in Atlanta area institution.
2. Completed one year of study post high school.
3. Completed a minimum of one semester in current course of study.

**Preference** is given to women who are:

1. In good academic standing.
2. 25 years of age or older.
3. Seeking funds for supplemental expenses (e.g., books, fees, childcare, transportation). Tuition funds may be covered by other sources.

3. Applicants majoring in all academic fields are encouraged to apply.

4. Scholarships will be awarded based on academic merit, financial need, and community involvement.

5. Scholarship Application Directions.

a. Download or print the application form found on pages 3 – 4. You can download, save and enter the information into pages 3 – 4 if you are able to use Microsoft Word versions 2010 and later or Google DOCS. If you are using other word processing software applications, you will need to print out the downloaded document and **type or print requested information legibly**.

b. Have your institution provide you with an official academic transcript.

c. Provide a letter of reference from someone who knows you well (not a family member).

7. You can choose to send the three items (6a, 6b, and 6c) by mail to:

**AAUW Scholarship Committee**1150 Moorestown Circle
Atlanta, GA 30330

Alternatively, you can scan all items and email to the following email address:

scholarship@aauwatlanta.org

8. Application materials must be received on or before **April 11, 2025.**

Be sure that all forms are completed accurately along with required supporting documentation. If you have questions, contact **scholarship@aauwatlanta.org**

Those awarded scholarships will be invited to attend meetings of the 2025/26 AAUW Atlanta Affiliate and are eligible for complimentary student membership. They are also welcome to participate in our fundraising efforts (book sales activities) to help raise funds for future scholarships.

We look forward to reviewing your application.



**AAUW Atlanta Affiliate**

**2025/26 Scholarship Application**

Complete form using Microsoft Word 2010 or later. TAB to navigate.

1. Name:

First MI Last

1. Address:

Number and Street unit number

City State Zip

1. Telephone # (home) (     )       (mobile) (     )

4. E-mail address

5. State in which you reside

6. Education Information

School you attend or plan to attend in Fall 2025

Academic status (Fall 2025)

 [ ]  Undergraduate

Level/Program       Grade point average

 [ ]  Graduate

Level/Program       Grade point average

Do you anticipate having full tuition funds for Fall 2025? [ ]  Yes [ ]  No

Are you a [ ]  full or [ ]  part-time student?
Do you attend any of your classes online? [ ]  Yes [ ]  No If yes, what percentage do you attend online?

How do you plan to use AAUW funds if awarded (e.g., books, childcare, transportation)?

7. Personal information

Birth Date

Number and ages of dependent children living with you

Are you the only adult living in your home responsible for the care and wellbeing of these dependent children? [ ]  Yes [ ]  No

Other dependents for whom you are legally responsible (indicate relationship to you)

8. Employment

Are you currently working? [ ]  Yes [ ]  No If yes, number of hours/week

Name and telephone number of your place of employment and supervisor:

Place of Work      Supervisor
Telephone number (       )

9. Please write a short explanation of your **background, goals, and academic interests including any community or volunteer activities:**