



San Ramon
Local High School Scholarship
\$1,000 Award

The San Ramon branch of the American Association of University Women is proud to offer its Annual Scholarship.

The scholarship application criteria:

- Be a female resident of San Ramon
- Planning to attend an accredited, four-year college or university in the fall of 2024

APPLICATION DEADLINE IS March 22, 2024

Send your completed application **by mail** to:

AAUW Scholarship
Susan Walker-Christensen
103 Arapaho Circle
San Ramon, CA 94583

AMERICAN ASSOCIATION OF UNIVERSITY WOMEN MISSION STATEMENT
AAUW promotes equity for all women and girls, lifelong education, and positive societal change.

San Ramon Branch AAUW - High School Scholarship Application

Instructions

Please type or print the application.

Please include the following with your completed paper application:

1. A personal statement describing yourself, your educational goals, financial need, college major and how your goals coincide with the mission statement/goals of AAUW. (One page)
2. A copy of your transcript(s).
3. Two letters of recommendation. School staff or employers preferred.
4. A copy of the letter of acceptance from the college or university you plan to attend.

This scholarship is based upon:

- Scholastic achievement
- Educational goals
- Community/campus involvement
- Financial need

Application deadline is March 22, 2024.

Questions? Call Susan Walker-Christensen (925)-828-0595 or e-mail: csslchris@comcast.net

San Ramon AAUW High School Scholarship Application 2024

Name: _____

Address: _____

Telephone: _____ Email address: _____

High School: _____ Date of Graduation: _____

List **Academic and Extra-curricular Activities**. Please include dates, positions held, additional pages may be attached.

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.

List **Outside Activities** (employment, community organizations, special interests, etc.):

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.

Name of college(s) to which you have been accepted:

Name: _____

Location: _____



**San Ramon AAUW
Scholarship Application**
Letter of Recommendation

(A separate letter may be attached to this sheet)

Student's Full Name: _____

1. How long have you known the applicant? _____

2. In what capacity do you know the applicant? _____

3. I personally know the applicant: ___ very well ___ somewhat ___ not very well

4. In your recommendation letter, please include any information that makes this applicant deserving of a scholarship, and any special circumstances you feel should be taken into consideration.

Signature: _____ Date: _____

Recommendations should be submitted directly to the applicant and included with the application packet, which must be received by March 22, 2024.