



AAUW - American Assoc. of University Women
Pompano Beach, Florida
Scholarship Requirements

Attached is an application for scholarship assistance from the Pompano Beach Branch, AAUW. **ALL MATERIALS MUST BE RECEIVED BY DEADLINE DATE OF MARCH 15.** Applications may be sent by email or US Mail (USPS). If using USPS, please **DO NOT** mail before **December 1**. There is no fee to apply.

Requirements:

1. Be a **female** resident of Broward or Palm Beach County, FL.
2. Be a US Citizen
3. Attending or have been accepted by an accredited Florida college or university
4. Be entering your **junior** or **senior** year
5. Have a 3.0 grade point average or higher
6. Submit an **OFFICIAL** college transcript along with your application
7. Provide two (2) letters of recommendation, one **must be** from a college or university **faculty** member acquainted with your work, **on official letterhead and signed.**

Grade point averages and funding sources will be verified before final awards are made. Personal interviews may be required by our scholarship committee. Awards will be made based on GPA, written statement of career goals and financial need, letters of reference and other criteria as deemed relevant. Scholarships up to \$3000 will be awarded.

All application materials are for internal use only. No information will be shared with any other organizations without the express permission of the applicant.

Contact Person: *Helen Elkiss*, Chair, Scholarship Committee
665 SE 21st Ave. #308
Deerfield Beach, FL 33441
Cell: (312) 316-6229

For Scholarship information email: pompanoscholar@yahoo.com

**For Scholarship Application & AAUW Information go to:
<https://pompanobeach-fl.aauw.net/>**

Mission Statement of AAUW
To advance gender equity for women and girls through
research, education, and advocacy.

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Pompano Beach, Florida
Scholarship Application



Helen Elkiss: Chair, Scholarship Committee
665 SE 21st Ave. #308
Deerfield Beach, FL 33441
(312) 316-6229 (cell) email: helkiss@comcast.net

Please Print

Name: _____ Student ID#: _____

Address: _____
Street City County Zip Code

Cell Phone: _____ Email: _____

Date of Birth: _____ U.S. Citizen: __Yes __No

I will be a: __Junior __Senior Expected Graduation date: _____ GPA: _____

College Major: _____ College Minor: _____

College/University where scholarship funds will be used: _____

High School Attended _____

Previous College or University _____

Volunteer Work _____

Financial Support for the coming academic year:
(List funding source and amount (i.e. grants, scholarships, Bright Futures, loans, etc.)

In 300 words or less, please attach your career goals, what you expect to be doing ten years from now, and how you plan to achieve your goals.

I authorize the release of this application and any supporting information involved in the selection of scholarship recipients. *

Signature _____ Date _____

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