

Empowering Women Since 1881



## New Smyrna Beach (FL) Branch

### Scholarship Application

Open to women residents of the area pursuing a college or graduate degree

**Qualifications:** To qualify for a scholarship, a student must be resident of Southeast Volusia County, including but not limited to New Smyrna Beach, Edgewater, Oak Hill, and Samsula for at least one year, and be accepted by a college or university at the time of the award. The committee will evaluate candidates for academic achievement, financial need, community and school activities, and leadership positions.

Each student must submit a completed application along with two references.

**Applicant Name** \_\_\_\_\_

**Applicant Address** \_\_\_\_\_  
\_\_\_\_\_

**Date of birth** \_\_\_\_\_

**A telephone number where we may reach you** \_\_\_\_\_

**Email** \_\_\_\_\_

**I am currently in High School:**

Name of school \_\_\_\_\_ . GPA \_\_\_\_\_

Class rank \_\_\_\_\_ . SAT/ACT Scores \_\_\_\_\_

**I am currently attending college:**

Name of college \_\_\_\_\_

Number of credits completed \_\_\_\_\_ . GPA \_\_\_\_\_

Expected date of graduation \_\_\_\_\_

**How do you plan to finance your education? Have you received other scholarships? Do you plan to take out loans? Will you work while attending college? Will your parents be able to help you?**

---

---

---

**List the school organizations and athletic activities which you are involved.**  
**Activity.** **Offices held, if any**

---

---

---

---

**List honors and awards you have received in school and in your community:**

---

---

---

**List your work experience and community activities both volunteer and paid:**

---

---

---

**List colleges to which you have applied and/or been accepted:**

**Applied:**

**Accepted:**

- |          |       |
|----------|-------|
| 1. _____ | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |

**Intended major:** \_\_\_\_\_

**Please attach two references.** One should be from a teacher or professor who can speak to your academic work. The other **maybe** from a guidance counselor or employer. If you have been out of school for a number of years, both may be from an employer.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Title/position: \_\_\_\_\_

Name: \_\_\_\_\_ Phone \_\_\_\_\_

Title/position: \_\_\_\_\_

On a separate sheet, please attach an essay describing your educational and career goals. Be sure to include your name on the essay. We consider the essay as the single most important part of the application. Please consider this when you are writing.

It is very important that the completed application be sent as one package. It is difficult for us to consider incomplete applications.

If you have any questions, please contact:  
Karen Chapple  
Co Chair AAUW Scholarship Committee  
(616) 901-3085  
Email: [kfchapple@mpinet.net](mailto:kfchapple@mpinet.net)

Email the completed application no later than February 28, 2025 to:  
[kfchapple@mpinet.net](mailto:kfchapple@mpinet.net)

Or

Mail to  
Karen Chapple  
650 Kilmarnock Ct.  
New Smyrna Beach, FL 32168

---

Signature of applicant

Date

We may request verification of academic and/or a personal interview for applicants in the final round of consideration