

**American Association of University Women
Rockland County Branch
Barbara D. Myneder Memorial Scholarship Application**

Name _____

Address _____

City _____ **State** ____ **Zip** _____

Telephone: (H) _____ **(C)** _____

E-mail address _____

Length of residence in Rockland County _____

Are you presently employed? _____ **If so, where?** _____

Full Time _____ **Part Time** _____

College/University previously attended _____

Last date attended _____ **Number of credits completed** _____ **Major** _____

What prompted your return to school including why your education was interrupted?

Where are you matriculated? _____

When will your semester begin? _____ **# of credits planned?** _____

What degree are you pursuing? _____ **Major** _____

Why did you choose to attend this college/university? _____

List any volunteer activities or organizations with which you work _____

over

Are you receiving financial aid? _____ If yes, indicate the type of aid and the amount (Pell, TAP, Stafford, scholarship, other)

Type: _____ Amount _____ Type: _____ Amount _____

Type: _____ Amount _____ Type: _____ Amount _____

Other assistance? _____ (e.g. public assistance, ADC) If yes, please explain _____

Please explain your financial need for this scholarship

What kind of support system do you have? (babysitting, ride sharing, etc.)

Proof of matriculation will be required. Completion of the application assumes willingness for publicity related to this award. Payment will be made in two equal installments.

Please return the application to:

AAUW Scholarship Chairperson
6 Windmill Lane
New City, New York 10956