

To: Scholarship Applicants  
Subject: Bentonville/ Bella Vista Chapter, American Association of  
University Women Annual Scholarship  
From: Kay Turnbaugh, Scholarship Committee Member  
Date: April 2, 2007

Enclosed is the application for the 2007-2008 School Year. **Applications must be delivered or postmarked to the following address NO LATER THAN Monday, MAY 21, 2007. If applications are postmarked later than May 21, they will not be considered for this year.**

Send them or bring them to:

Kay Turnbaugh  
71 Kensington Dr.  
Bella Vista, AR 72714

If you have questions, do not hesitate to call:

479/855/0155

**BENTONVILLE/BELLA VISTA AAUW SCHOLARSHIP APPLICATION**  
(Revised April 2007)

This supplemental/partial scholarship is ***only*** available to women who are residents of Benton County, or are student affiliates of AAUW at NWA Community College. The applicant must have completed one or more years of college. Applicants can attend the college or university of her choice. All parts of the application must be completed in full and mailed no later than the date posted on the cover sheet! If for some reason part of the application cannot be completed, the person on the cover sheet must be notified in advance. Feel free to use the back of this application if more space is needed.

1. Name: \_\_\_\_\_ Telephone: \_\_\_\_\_ Birth date: \_\_\_\_\_

2. Street Address: \_\_\_\_\_

3. Town/State/Zip: \_\_\_\_\_

4. Are you a Benton County resident? \_\_\_\_\_ For how long? \_\_\_\_\_

5. Please circle appropriate category: Single / Married / Divorced / Separated / Widowed

6. Do you have children dependent on you? \_\_\_\_\_ How many? \_\_\_\_\_ Ages: \_\_\_\_\_

7. Other individuals who are dependent on you: \_\_\_\_\_

8. Do you presently receive support by anyone other than yourself? Yes \_\_\_\_\_ No \_\_\_\_\_

9. What is the nature and amount of this support? \_\_\_\_\_

10. What was your family's total income for the previous 12 months? \_\_\_\_\_

11. Will this income change in the next year? \_\_\_\_\_ Explain: \_\_\_\_\_

12. Do you receive AFDC or Food Stamp Assistance? \_\_\_\_\_ If so, monthly amount: \_\_\_\_\_

13. Will you receive a Pell grant for the upcoming year? \_\_\_\_\_

14. Have you received other scholarships, grants, or financial assistance for the upcoming school year? \_\_\_\_\_

Please explain in full and give scholarship amounts:

\_\_\_\_\_

15. Where do plan to attend college next year? \_\_\_\_\_

16. What year will you be? \_\_\_\_\_

17. What is your course of study? \_\_\_\_\_

18. Briefly, tell how you plan to use this scholarship, if you receive it: \_\_\_\_\_

\_\_\_\_\_

19. What are your long-term goals? \_\_\_\_\_

20. List your work experience for the past five years, beginning with your present or most recent employer. If for any reason you do not have work history, please explain.

Dates of Employment	Position	Employer	Address

21. Include a transcript or registrar's record showing grades in all your course work and your GPA.

22. Include a verification of enrollment for the fall semester. If you have not registered at this time, please explain this on the application or call the number listed on the cover sheet.

23. Attach two letters of recommendation. These must be from employers, professors, or professional persons in the community who know you and your plans.

24. Attach a statement of financial need if one is available.

25. Write a personal statement about yourself and your plans on a separate sheet of paper. Tell why you chose this particular vocation, what you hope to achieve, and the relevancy of this course of study to your vocational goals. Please include in your statement why you feel you should be a recipient of this scholarship. If you have community service, please include it. Feel free to include any other information that would help the committee understand you better.

Thank you for applying for this scholarship. Please sign and date this application and return it to the name on the cover sheet.

If you have questions, feel free to call the telephone number given.

Date \_\_\_\_\_

Applicant's Signature \_\_\_\_\_

***Evaluation Form***

(to be completed only by committee members):

\_\_\_ Was the application postmarked by the cut-off date?

\_\_\_ Is applicant a resident of Benton County or an AAUW student affiliate?

\_\_\_ Has applicant completed at least one year of college education?

\_\_\_ Did applicant answer all questions fully or explain why she declined to answer?

\_\_\_ Does applicant have realistic long-term goals?

\_\_\_ Does applicant demonstrate financial need?

\_\_\_ Did applicant have good employment history or explain why not?

Evaluate: \_\_\_\_\_

\_\_\_ Did applicant include a transcript or records from the registrar showing her college credits and grades?

Evaluate: \_\_\_\_\_

\_\_\_ Does applicant verify enrollment for the fall semester?

\_\_\_ Did applicant include two letters of recommendation?

Evaluate: \_\_\_\_\_

\_\_\_ Did applicant include financial information or explain why it is not included?

\_\_\_ Was applicant's personal statement well written, grammatically correct, and characteristic of a scholarship recipient?

Evaluate: \_\_\_\_\_

What is your total evaluation of this applicant? Explain:

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