THE GREATER MILWAUKEE FOUNDATION AMERICAN ASSOCIATION OF UNIVERSITY WOMEN – MILWAUKEE BRANCH FUND SCHOLARSHIP

University of Wisconsin-Milwaukee 2016-2017 Academic Year

The UWM Foundation is pleased to announce the following scholarship intended to support a female returning adult student. This scholarship will be awarded to one UWM student for the 2016-2017 academic year and may be used for tuition, room, board, books or supplies. A student whose education was interrupted for some reason, or who is changing careers, or who is a non-traditional student (did not attend college right after high school) is encouraged to apply.

Amount of Award: One \$2,000 scholarship

Eligibility Requirements

- 1. Must be a female graduate or undergraduate student who is returning to school/has returned to school after a gap in her education. Undergraduate applicants must have attained junior or senior standing in their program by June 1, 2016.
- 2. Must be from Milwaukee County (i.e., student maintains permanent residence in Milwaukee County when not enrolled in school, is eligible for county services, etc.).
- 3. Currently enrolled at UWM either full or part time, carrying at least six credits.
- 4. Good academic standing (must have a cumulative GPA of 2.0 or better).
- 5. Demonstrated financial need. Completion of the 2016-2017 Free Application for Federal Student Aid (FAFSA) by the application due date is recommended. FAFSA results will be reviewed as a standard measure of financial need.
- 6. Preference will be given to U.S. citizens and eligible non-citizens, and to Wisconsin residents.

Application Deadline: May 25, 2016

Return Application To: Coleen Dunlap, Scholarship Coordinator

Department of Financial Aid, Student Employment &

Military Education Benefits

University of Wisconsin-Milwaukee

Mellencamp Hall, Room 162

P.O. Box 469

Milwaukee, Wisconsin 53201-0469

cdunlap@uwm.edu FAX: (414) 229-5699

GREATER MILWAUKEE FOUNDATION AAUW – MILWAUKEE BRANCH FUND Scholarship Application 2016-2017 Academic Year

1.	Personal Data:							
	Name	Student ID#						
	Address	City/State/Zip						
	Phone Number:	Email:						
	Date of Birth: Expected Date of Graduation:							
	Academic Level: Fr	So Jr	Sr	Grad	Non-Degree			
	Major(s)/Minor(s): Cumulative Credits as of 6/1/16							
	Cumulative GPA: Are You a Second Bachelor's Degree Candidate? YesNo							
	Full-time Part-time Wisconsin Resident: Yes No							
	Are You a Milwaukee County Resident? Yes Since (Month/Year):							
2.	Employment History: Employer	Dates of Em	nployment	<u>Job D</u>	uties			
3.	Educational History: (Required)				/			
	Name of Hi			Month/Year of Graduation				
	College/University		Dates of Attendance		Degree Received			
4.	Financial Need: Describe how this scholarshi	p will assist you	u with your edu	ucational e	xpenses.			

5.	Student, Community, and Volunteer Activities:					
	Organization Name	<u>Dates</u>	Describe Involvement and List Activities, Honors Received, Offices Held, etc.			
6.	References:					
	List one reference and <i>include his or her letter of recommendation</i> with your application materials Reference letters may not be from relatives or acquaintances and should indicate the relationship to the student. A professional reference (e.g.: academic, employer, community, etc.) is suggested.					
	Name		Occupation or Professional Title			
	Organization or Company		Contact Information			
7.	Personal Statement:					
	that may have influenced your educational and career goals.	decision to retu You may also w	th). Please discuss any relevant circumstances ern to school. Please also discuss your eish to include additional information about your sts, achievements, employment history, etc.			
8.	Certification and Consent to Release Information:					
	If I am selected as a recipient of this scholarship, my signature hereby authorizes the Scholarship Coordinator in the Department of Financial Aid to release my personal contact information (name address, and telephone number), major or course of study, academic level, and academic standing to the Scholarship Administrator at the Greater Milwaukee Foundation. I understand the purpose of this release is to provide the scholarship donor(s) with information regarding my eligibility for scholarship assistance. I also understand I may be contacted and invited to an event at the donor organization in the future, if I am chosen as the recipient of this scholarship.					
	I certify that all information on this application is complete and accurate. I understand that I must be registered for at least six credits in the fall semester of the upcoming academic year in order to receive the full scholarship award, if I should be chosen as the recipient.					
	Student's Signature		Date			

Student's Signature
APPLICATION DEADLINE: May 25, 2016