Scholarship Application
2024 – 2025 Academic Year
Website: uwsedona.weebly.com

Please complete all sections of this application. **The deadline for submission is April 1, 2024.**

Section 1. Personal Information

Name:	Date of Birth:
Student ID Number:	
Address at College:	Permanent address:
Home Phone:	Cell Phone:
Email address:	

If you are selected, you will need to provide your social security number.

Section 2. Academic Information

Name of High School:

_____

City/State: _____GPA_____Graduation Date: _____

Colleges and Universities Attended:

Name of College(s):   Credit Hours   Completed Dates   GPA

_____

_____

_____

Classification: Continuing Student_____Returning Student_____(after a break)

Enrollment: 6-8 hours _____ 9-11 hours _____ 12 hours or more _____

Are you in a program that starts at the community college and then continues at NAU? _____

Anticipated Graduation Date _____Career Goal _____

Section 3. Work, Community Service, Activities and Interests

A. List and briefly describe any work experience starting with your most recent job.

Employer	Position	Dates	Hours per week

Briefly describe your work responsibilities:

B. List and briefly describe your volunteer/community services activities.

Organization Involved	Position Held	Date of Involvement

Briefly describe your responsibilities.

C. List and briefly describe your extracurricular activities (e.g. memberships in organizations, sports, etc.).

Organization	Activity	Dates of Involvement

Briefly describe how you participated.

D. List honors or academic awards you have received (e.g. scholarly activities, research, etc.).

Award/Honor	Institution/Organization	Date

E. Please list other scholarships you are receiving or have received with dates and amounts.

_____

_____

_____

Section 4. Applicant's Personal Statement

The applicant **must submit**, on a separate sheet of paper, a personal statement including the following:

- Educational and vocational plans and goals;

- Statement of financial need;

- Life experiences, personal circumstances and any other information that would be helpful to the scholarship committee in making its decision.

Section 5. College Official Verification

This section must be completed by the Office of Scholarships/or Financial Aid.

Cumulative grade point average: _____

College credit hours earned: _____

Semesters completed: _____

Eligible for financial aid: Yes_____No_____

Verification by _____

Print Name_____Title_____Date_____

Name of College or University _____

I certify that the information contained in this application is correct and complete. By signing below, I give permission to my college of attendance to release transcript and financial aid information to the University Women of Sedona Scholarship Committee to be used solely for making scholarship award determination. The information contained herein will not be shared with any other party or used for other purposes.

Signature of Applicant _____ Date _____

Note: Deadline for applications is April 1, 2024

Please submit application to:

Debbie Nellis, Ed.D.
Chairwoman, Scholarship Committee
University Women of Sedona
debbienellis2@gmail.com
954 803-6992