

Scholarship Application

Return by MARCH 3, 2025 to: awcscholars	hip@alamowomensclub.org.
DATE:	
NAME:	
EMAIL:	PHONE:
SCHOOL CURRENTLY ATTENDING:	
EDUCATION/VOCATIONAL PLANS:	
DESCRIBE YOUR STRENGTHS/SPECIAL A	ACCOMPLISHMENTS/ANY COMMUNITY INVOLVEMENT:
HOW WILL THE AWC SCHOLARSHIP AWA	ARD FURTHER YOUR EDUCATIONAL GOALS:
LIST WHO WROTE YOUR RECOMMENDAT	TIONS:
1	Position
2	Position
	is outlined in the attached <i>Mission Statement and Criteria</i> lation. Please include your name and phone number on each
Signature	
Date	