ALAMO WOMEN'S CLUB

SCHOLARSHIP APPLICATION

Return by Wednesday, JANUARY 27, 2027 to: awcscholarship@alamowomensclub.org

ELIGIBILITY: _____Community College Student _____High School Senior

FULL NAME: _____DATE OF BIRTH: _____

EMAIL: _____PHONE: _____

HOME ADDRESS:

Street: _____

City: _____State: _____Zip Code: _____

MAILING ADDRESS, IF DIFFERENT: _____

_____

SCHOOL CURRENTLY ATTENDING: _____

EXPECTED DATE OF GRADUATION OR COMPLETION OF PROGRAM: _____

INTENDED SCHOOL FOR FALL 2027: _____

1. **EDUCATIONAL / VOCATIONAL PLANS, INCLUDING SCHOOL AND MAJOR, IF KNOWN:**

_____
_____
_____
_____

2. **DESCRIBE YOUR STRENGTHS:**

_____
_____
_____
_____

3. **LIST SPECIAL ACCOMPLISHMENTS:**

_____
_____
_____
_____

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4. **DESCRIBE YOUR COMMUNITY INVOLVEMENT:**

_____

_____

_____

_____

5. **DESCRIBE YOUR EXTRA-CURRICULAR ACTIVITIES:**

_____

_____

_____

_____

6. **HAVE YOU RECEIVED THE AWC SCHOLARSHIP BEFORE: _____ WHEN: _____**

7. **LETTERS OF RECOMMENDATION:**

It is your responsibly to ensure that the letters are received by the AWC prior to the deadline.

	Name & Title or Position	**Email Address**
1.		
2.		

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FINANCIAL NEED: REQUIRED DOCUMENTATION:

1. Provide the **summary page of your FAFSA application AND** a **screen shot or PDF of your SAI from the FAFSA dashboard for** the **current** school year.

2. Describe in detail your current financial situation, any extenuating circumstances and how this scholarship will DIRECTLY impact your ability to achieve your academic goals.

3. Complete the following information **IN FULL – NOT COMPLETED - WILL NOT BE ELIGIBLE:**

PERSONAL INFORMATION:

Who is the head of household?	
Total number of people in household	
Total number of your dependents + ages	
Adjusted gross income (from most recent tax return)	
Total number of hours employed per week	
Emancipated foster youth	Yes No
Single parent	Yes No
First generation college student	Yes No
Stable housing arrangements	Yes No
Other financial responsibilities	

PERSONAL FINANCIAL INCOME – MONTHLY:

SOURCE	DESCRIBE	AMT.
Your employment		
Your parents		
Governmental Assistance		
Scholarship		
Other		
Total (of AMT column)		

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PERSONAL EXPENSES – MONTHLY:

TYPE	DESCRIBE	AMT.
Housing		
Transportation		
Utilities (Internet, PG&E, Phone, etc.)		
Groceries		
Childcare		
Medical		
Other		
Total (of AMT column)		

MONTHLY SUMMARY:

CATEGORY	AMT
Total Income	
Total Expenses (subtract)	
Monthly total $$ extra	

Type / Print Name: _____

I attest that this application and the accompanying documents are true and correct to the best of my knowledge.

Signature: _____ **Date:** _____

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Please check that you have included the following with your application. Failure to submit any of this information may result in disqualification.

		✓
1.	**Personal essay as outlined in the attached *Mission Statement and Criteria*. Include your name in the upper left-hand corner of every page of your essay.**	
2.	**Current transcript**	
3.	**Summary page of your FAFSA**	
4.	**Screenshot/PDF of the FAFSA Eligibility Overview, showing your name and SAI**	
5.	**Written Description of Financial Need**	
6.	**Media and Photo Release form, signed and dated**	
7.	**This Application completed, signed, dated and submitted with all the items listed above by January 27, 2027 to: awcscholarship@alamowomensclub.org**	

Note: Letters of Recommendation to be submitted directly to the Alamo Women's Club.

NOTE: If you receive this scholarship, these are your responsibilities –

- **Provide proof of enrollment (1st and 2nd semesters)**
- **Maintain a GPA of 2.0 or better, as shown on school transcripts**
- **Vocational Applicants provide receipts for fees/units/supplies for vocational program**
- **Scholarship checks must be cashed within 1 month of issue date.**

In Addition, please plan to attend the Scholarship Awards Luncheon on Tuesday, April 27, 2027.

The Alamo Women's Club membership wishes to honor all scholarship recipients at this event.