

**UNIVERSITY WOMEN OF SEDONA  
SCHOLARSHIP APPLICATION—ACADEMIC YEAR 2009-2010**

**A. STUDENT INFORMATION:**

**Name** \_\_\_\_\_  
Last First Middle Initial

**SS#** \_\_\_\_\_ **Campus** \_\_\_\_\_

**Student ID #** \_\_\_\_\_

**Permanent mailing**

**Address:** \_\_\_\_\_  
Number Street Apt. #

\_\_\_\_\_  
City State Zip Code

**Phone number:** \_\_\_\_\_

**E-mail address:** \_\_\_\_\_

**Address while attending college:**

\_\_\_\_\_  
Number Street City State Zip Apt. Number

**Phone number:** \_\_\_\_\_

Area Code

**High School from which you graduated:** \_\_\_\_\_

\_\_\_\_\_  
City State Date of graduation

**Colleges and universities previously attended:**

College Credit hours completed Dates Degree Received

**Classification**

*(at time of application)*

\_\_\_\_\_ Returning student (interruption of a semester or more)

\_\_\_\_\_ Continuing student (no interruption of enrollment)

**Course enrollment for 2009-2010: part time 6-8hrs**\_\_\_\_, **part time 9-11hrs**\_\_\_\_, **full time 12or more hrs**\_\_\_\_\_

**Degree Sought** \_\_\_\_\_ **Declared major** \_\_\_\_\_

**Anticipated date of graduation** \_\_\_\_\_

**Career intent:** \_\_\_\_\_

**B. APPLICANT'S PERSONAL STATEMENT:**

The applicant must submit on a separate sheet of paper a personal statement outlining the following:

- Educational and vocational plans and goals
- Statement of financial need
- Any other information that would be helpful to the scholarship committee in making its decision

In addition, it is the applicant's responsibility to have an unofficial transcript included as part of the application packet.

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**C. COLLEGE OFFICIAL VERIFICATION:**

This section must be completed by a school or college official before submitting to the Office of Financial Aid.

Cumulative grade point average \_\_\_\_\_  
(A=4, B=3, C=2, D=1)  
College credit hours earned \_\_\_\_\_  
Semesters completed \_\_\_\_\_

Verification by: \_\_\_\_\_  
Signature of school official date

Title: \_\_\_\_\_

Name of college or university \_\_\_\_\_

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*I certify that the information contained in this application is correct and complete. By signing below, I give permission for 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 determinations. The information obtained on this application and provided by the college will not be shared with any other party or used for any other purpose.*

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Applicant's Signature

Date

**Note: Deadline for applications is April 1, 2009**