



American Association of University Women  
Loveland Branch  
**Louise Stone Women's College Scholarship**

**I. Personal Data**

Date: \_\_\_\_\_

Name \_\_\_\_\_  
(Last) (First) (M.I.)

Address: \_\_\_\_\_  
(Do Not Use PO Box)

\_\_\_\_\_  
(City) (State) (Zip) (County)

Phone: \_\_\_\_\_ E-Mail \_\_\_\_\_

Expected Graduation Date: \_\_\_\_\_ From (Name of College/University) \_\_\_\_\_

**II. Educational Objectives**

Degree Emphasis: \_\_\_\_\_

Career Objective: \_\_\_\_\_

**III. Financial Aid**

Briefly describe your financial situation and your reason for applying for this scholarship:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**IV. Essay**

Include a short essay that speaks to your career goals and how they connect to the AAUW mission statement.