



American Association of University Women-Easton Branch  
2024 Mature Woman's Grant Application

**Eligibility:** Women, ages 25 and over; residents of: Caroline, Dorchester, Kent, Queen Anne's, or Talbot County; and accepted at an accredited educational institution

**Applications:** Must be postmarked or e-mailed by June 3, 2024.

**Submit applications to:**

AAUW Grant Committee  
28410 Pinehurst Circle  
Easton, MD 21601

Email: [aauwgrant@goeaston.net](mailto:aauwgrant@goeaston.net)

Please type or print clearly; illegible applications will not be considered.

.....  
Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_

Phone: (home) \_\_\_\_\_ (work) \_\_\_\_\_

Email: \_\_\_\_\_

**Educational Background** (if level not completed, please indicate major and credit hours or courses completed; e.g. Criminal Justice, 6 hours):

High School \_\_\_\_\_

Date completed \_\_\_\_\_ Grade Point Average \_\_\_\_\_ Type of Diploma Granted \_\_\_\_\_

Undergraduate School \_\_\_\_\_

Date completed \_\_\_\_\_ Grade Point Average \_\_\_\_\_ Type of Degree Granted \_\_\_\_\_

Graduate School \_\_\_\_\_

Date completed \_\_\_\_\_ Grade Point Average \_\_\_\_\_ Type of Degree Granted \_\_\_\_\_

Certificate or Other School \_\_\_\_\_

Date completed \_\_\_\_\_ Grade Point Average \_\_\_\_\_ Type of Certificate/Recognition Granted \_\_\_\_\_

**Applying for grant to assist with coursework in (check one):**

Associate  Certificate  Undergraduate  Graduate

For Chesapeake College nursing program application, please indicate number of prerequisites credits earned. \_\_\_\_\_

Where will you be studying in the fall of 2024? \_\_\_\_\_

Have you been accepted for the fall semester 2024? YES \_\_\_\_\_ NO \_\_\_\_\_

**Currently enrolled?** Please provide an official transcript

**School/Program** \_\_\_\_\_ **Grade Point Average** \_\_\_\_\_

(If chosen, applicant must provide proof of enrollment prior to receiving award)

**Purpose of studies:** (Please indicate how the knowledge gained will be used in your community.)

**Describe your professional and/or volunteer activities that relate to the educational development and equality of women and girls.**

**Outline your educational, career and long range goals:**

**Statement regarding your financial need:** (Please be as specific as possible; all financial information will be kept confidential.)

How did you hear about this grant opportunity? \_\_\_\_\_

(Please feel free to submit additional pages if the space provided is not sufficient.)

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**The information provided is accurate to the best of my knowledge. In the event that I cannot continue my studies, I agree to refund to AAUW any grant money received.**

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

(if submitted electronically, indicate concurrence here)

**AAUW Mission Statement: AAUW advances equity for all women and girls through advocacy, education, philanthropy and research**