

American Association of University Women - Madison Branch Mature Woman Grant Application

ELIGIBILITY REQUIREMENTS: (The applicant MUST meet ALL of these requirements.)

The applicant must:

- 1 - be a woman.
- 2 - be age 25 or over.
- 3 - be a resident of one of the following NJ towns: Chatham, Chatham Township, East Hanover, Florham Park, Harding Township, Madison, Morristown, Morris Township, Morris Plains, or Randolph Township.
- 4 - use the grant for education-related expenses incurred in pursuit of a degree or certification.

Applications for the 2026 Grant must be received by **Friday, April 3, 2026.**

Send completed application to:

AAUW Grant Committee
P. O. Box 935, Madison, NJ 07940-0935
email: aauwgrant@hotmail.com
phone: **973-476-2104 (Please leave a message!)**

SEND it EITHER by e-mail (as a **WORD document** attachment) OR by US Postal Service (with a **paper copy**).

(It should be either **TYPED** or **PRINTED** in **BLACK INK**)

Additional pages may be attached OR sections may be expanded, if needed.

A copy of this application may be found on our web-site: <https://madisonareaaaauw.org>

The form may be copied to your hard drive and then completed

Copies are also available at the local libraries and colleges.

NAME:

HOME ADDRESS (full address):

Mailing address (if different):

PHONE: home:

cell:

E-MAIL:

How did you learn about this grant opportunity?

Applying for (CHECK ONE): Graduate Undergraduate Certificate Other

Where Enrolled

- (1) School/College/University:
- (2) Program (Include the specific program in which you are enrolled):
- (3) Grade Point Average (if available):
- (4) Expected completion or graduation date:

Educational Background: (High school to Present) Use an additional page or expand section, if needed!

American Association of University Women - Madison Branch

Mature Woman Grant Application

Describe your educational, career, and personal goals (both short- & long-term):

Additional pages may be attached OR sections may be expanded, if needed.

Purpose of your studies & how the knowledge gained will be used:

Additional pages may be attached OR sections may be expanded, if needed.

Statement of Financial Need: Financial need is one factor taken into consideration for this grant.
Please provide:

(1) The estimated cost of your education-related expenses for the indicated educational program.

(2) Anything else you would like us to know.

American Association of University Women - Madison Branch Mature Woman Grant Application

PLEASE NOTE:

Each Grant Recipient should plan to attend the Madison Branch's Fall Meeting to meet the Branch members and speak briefly about her schooling and her goals.

If unable to attend the Madison Branch's Fall Meeting, the Grant Recipient should make arrangements to attend a later Branch meeting and speak at that time.

Each Grant Recipient will also be asked to give permission to use her name and photograph in articles published in local newspapers and other documents used for publicity purposes.

ELIGIBILITY CERTIFICATION:

I certify that I currently meet the eligibility requirements as stated in this application (see top of page 1).

Applicant's Signature _____ DATE: _____

(If submitted electronically, indicate here ___ that you make this certification.)

AGREEMENTS:

In the event that I am chosen to receive a Grant from the AAUW – Madison Branch,
I agree to the following:

- (1) I will provide to the AAUW Grant Committee an original signed letter of verification from an official of the college or university to state that either (a) I am enrolled as a student in that college or university for the coming school year, or (b) that I have been accepted for enrollment in that college or university for the coming school year. I understand that no grant will be awarded if such letter is not received by the AAUW Grant Committee at the address listed on page 1 by **Wednesday, May 20, 2026**.
- (2) In the event that I do not enroll or continue my studies, I agree to refund to AAUW – Madison Branch any grant money received.

Applicant's Signature _____ DATE: _____

(If submitted electronically, indicate here ___ agreement with the above conditions.)