**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 2025 Grant must be received by Friday, April 4, 2025.**

|  |
| --- |
| 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://madisonareaaauw.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*):** \_\_**G**raduate \_\_**U**ndergraduate \_\_**C**ertificate \_\_**O**ther

**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!*

**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.

**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 Tuesday, May 20, 2025.**

**(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.)*