



**AWE**

ALLIANCE OF  
WOMEN EXECUTIVES

## 2020 Scholarship Application for the Alliance of Women Executives (AWE)

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_

High School: \_\_\_\_\_ Current GPA: \_\_\_\_\_

School You Will Be Attending: \_\_\_\_\_

Student ID/Z Number: \_\_\_\_\_

Will you be the first in your family to attend college?      Yes      No

Will you be working while attending college?      Yes      No

Will you be living at home or in a dorm?      Dorm      Home

Area of Study: \_\_\_\_\_

If other, please specify: \_\_\_\_\_

How did you hear about the AWE Scholarship? \_\_\_\_\_

If other, please specify: \_\_\_\_\_

Please submit all items below in one email to [info@aweinc.org](mailto:info@aweinc.org)

Application Form

Authorization Form (see page 2 below)

Essay – 500 to 1000 words in a word doc

“What ethical dilemma and/or hardship have you faced and how have you handled it?”

First page of Current High School Transcript

Letter of Recommendation from a teacher or guidance counselor

Acceptance Letter from FAU or PBSC

**COMPLETED APPLICATIONS DUE BY MARCH 1, 2020. INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED.**



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## **AUTHORIZATION FOR USE OF PHOTOGRAPHY/AUDIO VISUAL RECORDINGS**

I, the undersigned, do hereby agree to let me and or my child/children be photographed and/or recorded. I understand that these photographs/audio visual recordings will be used for the purpose of written publication, news, promotion, internet, archival purposes and/or documentary by Alliance of Women Executives (AWE) as such, and are to be viewed by the general public or others who do or might support the Alliance of Women Executives (AWE).

By signing below, I am giving my legal authorization for the above use of photographs and/or audio-visual recordings.

**Student's Name:** \_\_\_\_\_

**Student Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent's/Legal Guardian's Name:** \_\_\_\_\_

**Parent/Legal Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_