



AWE

ALLIANCE OF
WOMEN EXECUTIVES

2021 Scholarship Application for the Alliance of Women Executives (AWE)

First Name: _____ Last Name: _____

Email: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip Code: _____

High School: _____ Current _____

GPA: School You Will Be Attending: _____

PantherWeb/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? Home Dorm

Area of Study: _____

If other, please specify: _____

How did you hear about the AWE Scholarship? _____

If other, please specify: _____

Please complete this application on your computer, then save and print the application. Sign where indicated on page 1 and 2, then submit all items below in one email to 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

I certify that the information submitted in this application is true and correct to the best of my knowledge.

Signed: _____

COMPLETED APPLICATIONS DUE BY APRIL 11, 2021. INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED.



AWE

ALLIANCE OF
WOMEN EXECUTIVES

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:** _____