**A****merican Association of University Women**

**La Mesa - El Cajon Branch**

**Carol Lundquist Scholarship 2025-2026**

**DUE DATE: Friday, April 11, 2025**

**AWARD: $5,000**

**ELIGIBILITY CRITERIA**

* Must be enrolled in at least 12 units at a local college for the Spring 2025 semester
* Must have completed 12 semester units at a college or university
* Must have a minimum cumulative 3.0 Grade Point Average for college coursework
* Scholarship is only open to women undergraduates who are preparing for a career in teaching.

**HOW TO APPLY**

Complete the AAUW scholarship application and mail it to:

Dr. Carol O. Perkins, AAUW Scholarship Committee Chair

5009 Randlett Drive

La Mesa, CA 91942

Application must include your application statement, limited to 3 pages, double-spaced. Application must include two letters of recommendation. Application must include a current unofficial college transcript.

**Submit your complete application by April 11, 2025.**

**Carol Lundquist Scholarship Application**

**Submit your application, your application statement, two (2) letters of recommendation, and unofficial transcripts to Dr. Perkins at the address above.**

**PART I** ― **STUDENT INFORMATION:**

**Last Name First Name M.I. Student ID No.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address City State Zip Code**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_

**Primary Telephone Number E-mail address**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PART II** ― **EDUCATION:**

Do you have a college degree? **Yes** **No**

If yes, please provide the following information:

**College/University Type of degree/ area of study Year**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. \_\_\_\_\_\_\_\_\_

**City State Zip Code**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

Are you currently enrolled in a college or university? **Yes** **No**

If yes, please provide the following information:

**College/University Major/area of study Year**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. \_\_\_\_\_\_\_\_\_

**City State Zip Code**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

How many units are you taking this semester? \_\_\_\_\_

How many units have you completed in college? \_\_\_\_\_

**Part III ― LETTERS OF RECOMMENDATION:**

Include two letters of recommendation. One letter must be from a faculty member. The other one may be from a personal acquaintance, employer or faculty member.

**Part IV ― APPLICATION STATEMENT:**

This statement is one of the most important aspects of this application. Please write an essay, 3-page maximum, double-spaced, that includes the following information:

* Educational Objectives: Where do you plan to earn your teaching degree(s)/credentials?
* Career Goals: Discuss your plans to become a teacher. Do you plan to teach in elementary school? Secondary school? Other?
* List Awards and Honors you have received for community work or activities.
* Please explain how this scholarship will help you overcome the financial challenges you face as a student. Include relevant details, e.g., your housing status, transportation, and employment.

***Recommendation:*** *Review your Application Statement for legibility, grammar, spelling, punctuation, quality, and completeness. This document must be double-spaced.*

**Certification and Authorization**

All of the information in this application package is my own work and it is true and complete to the best of my knowledge. In the event that plagiarism is found to be a part of my application package, I will forfeit this award and repay the entire amount of the award disbursed. I authorize the release of my scholarship application, transcripts, and letters of recommendation to the organization or individuals involved in the scholarship selection process. If selected, I authorize the sponsor [AAUW] to use my name and scholarship award information for publication. I understand and accept that the decision of the awards is final.

If I am a scholarship winner, I agree to speak to the AAUW membership in 2025-2026.

Student’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Student’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_