

American Association of University Women

CHEYENNE BRANCH

Higher Education for Returning Student Scholarship

Name		
Address Street City, State, ZIP		
Phone		
Age	Marital Status	Children/Ages
Present Employment (Full or Part-time) Where:		
Spouse Employment (Full or Part-time) Where:		
Number of years between start of college program and return for present studies?		
What College or University will you be attending?		
What is your major?		How many hours have you accumulated?
Number of hours attempting this semester?		Number of hours attempting this year?
Have you applied for other financial aid? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you receiving other financial aid? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If so, what?		

Please submit the following supportive information.

- 1) In a brief personal statement
 - a) describe your need for financial aid
 - b) explain why you are returning to school
 - c) describe what you plan to do after graduation.
- 2) Include a signed statement from your advisor outlining your plan of study toward a degree.
- 3) Include a current copy of your transcripts.
- 4) Include any letters of recommendation that could strengthen your request.

☐ By checking this box, I hereby certify the provided information is accurate to the best of my knowledge. I also certify that I will allow the Financial Aid Office at LCCC to release any information that is applicable to this application.

Date

Deadline is June 1 of the current year.

Personal Statement

Please email completed application to: Financialaid@lccc.wy.edu