



MARY ELLEN REILLY SCHOLARSHIP (\$500)

Awarded annually by the **American Association of University Professors**
To a female student (sophomore or above) based on academic excellence and financial need.

Name _____ Student ID # _____

Address:
(Local) _____

(Permanent) _____

Telephone: (Local) _____ (Permanent) _____

E-mail Address: _____

Declared Major(s): _____

Declared Minor(s): _____

Credits earned (at completion of current semester): _____

Current Grade Point Average: _____

PLEASE ATTACH A ONE-PAGE RESUME ALONG WITH A ONE-PAGE ESSAY EXPRESSING NEEDS, MERIT AND GOALS WITH YOUR APPLICATION.

Please read and sign if you agree:

I give the committee permission to verify any information provided here and to consult with appropriate offices, including Enrollment Services and the Financial Aid Office.

(Name) _____ (Date) _____

**Please submit application to the AAUP Office, 302 Roosevelt Hall,
by October 30, 2009.**