

# National Association of University Women

## Northeast Section

**Deborah Thurmond**  
Sectional Director

**Ethel B. Eaddy**  
Committee Chair

### Dr. Hilda A. Davis Scholarship Award – 2024

#### Application

#### Personal Data

Name (Ms. / Mrs.) _____				
<i>First</i>	<i>Middle</i>	<i>Surname</i>		
Address _____				
<i>Number</i>	<i>Street</i>	<i>City / Town</i>	<i>State</i>	<i>Zip Code + 4</i>
Telephone (Day) ( <input type="text"/> )	<input type="text"/>	(Evening) ( <input type="text"/> )	<input type="text"/>	Email <input type="text"/>
NAUW Affiliation				
Member: Yes <input type="checkbox"/> No <input type="checkbox"/> if yes, name of Branch and year of Induction <input type="text"/>				

#### Education

Current Enrollment: <input type="text"/>					<input type="text"/>	<input type="text"/>
<i>University / College</i>		<i>City / Town</i>		<i>State</i>		
Area Of Discipline <input type="text"/>	Date of Enrollment <input type="text"/>	Current Credits <input type="text"/>				
Full Time <input type="checkbox"/> Part Time <input type="checkbox"/>						
Undergraduate Studies:	<input type="text"/>	<input type="text"/>	<input type="text"/>	Degree <input type="text"/>	Date <input type="text"/>	
	<i>University / College</i>	<i>City / Town</i>	<i>State</i>			
Graduate Studies: <i>(Other than Current)</i>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Degree <input type="text"/>	Date <input type="text"/>	
	<i>University / College</i>	<i>City / Town</i>	<i>State</i>			
	<input type="text"/>	<input type="text"/>	<input type="text"/>	Degree <input type="text"/>	Date <input type="text"/>	
	<i>University / College</i>	<i>City / Town</i>	<i>State</i>			

#### Financial Aid

*(List all grants, loans, scholarships, and other forms of assistance)*

Grants:	1. <input type="text"/>	\$ <input type="text"/>	2. <input type="text"/>	\$ <input type="text"/>
Scholarships:	1. <input type="text"/>	\$ <input type="text"/>	2. <input type="text"/>	\$ <input type="text"/>
Loans:	1. <input type="text"/>	\$ <input type="text"/>	2. <input type="text"/>	\$ <input type="text"/>
Other:	1. <input type="text"/>	\$ <input type="text"/>	2. <input type="text"/>	\$ <input type="text"/>

**Expenses**

*(Include all expenses related to your current school attendance)*

Tuition: \$ \_\_\_\_\_ Books: \$ \_\_\_\_\_ Transportation \$ \_\_\_\_\_

Other related fees *(Give specific description of item(s))*

Item: 1. \_\_\_\_\_ \$ \_\_\_\_\_ 2. \_\_\_\_\_ \$ \_\_\_\_\_  
3. \_\_\_\_\_ \$ \_\_\_\_\_ 4. \_\_\_\_\_ \$ \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Return the completed application along with the documents listed on the attached "List of Criteria" by August 31, 2024, to:

**Ethel B. Eaddy**  
**NAUW Northeast Section Scholarship Committee Chair**  
**eaddyeb@gmail.com**

If you have questions, please get in touch with me at (908) 337-9860.

For NAUW Scholarship Committee use only:

Status: Accepted \_\_\_ Denied \_\_\_ Total amount of award \$ \_\_\_\_\_

Date(s) of Issuance \_\_\_\_/\_\_\_\_/\_\_\_\_ \$ \_\_\_\_\_ \_\_\_\_/\_\_\_\_/\_\_\_\_ \$ \_\_\_\_\_

Comments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of Scholarship Chairperson:

\_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_

Name of Sectional Director:

\_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_

# **DR. HILDA A. DAVIS SCHOLARSHIP**

## **CRITERIA FACT SHEET**

**PLEASE SEND COMPLETED APPLICATION WITH THE FOLLOWING DOCUMENTS**

- **APPLICANTS MUST PROVIDE PROOF OF ACCEPTANCE TO MATRICULATE IN A MASTER'S DEGREE PROGRAM.**
- **A ONE-PAGE, TYPEWRITTEN STATEMENT DESCRIBING THE EXPECTED BENEFITS TO BE DERIVED AS A RECIPIENT OF THIS SCHOLARSHIP AWARD. PLEASE INCLUDE THE DETAILS OF YOUR BACKGROUND, EDUCATION, CAREER GOALS, AND ANY COMMUNITY SERVICE ACTIVITIES IN WHICH YOU HAVE ENGAGED.**
- **AN OFFICIAL TRANSCRIPT OF GRADES FROM THE COLLEGE OR UNIVERSITY IN WHICH YOUR MOST RECENT DEGREE WAS EARNED AND CURRENT GRADUATE GRADES (IF APPLICABLE) SENT TO **EADDYEB@GMAIL.COM****
- **THREE LETTERS OF REFERENCE AS FOLLOWS:**

**REFERENCE LETTER FROM AN ACTIVE NAUW MEMBER  
COMMUNITY LEADER (CIVIC, CHURCH, EDUCATORS)  
CURRENT EMPLOYER OR COLLEGE ADVISOR**

(All letters of reference must be provided on an organization letterhead or have a return address and be signed with the writer's title.)

- **HEADSHOT PHOTO OF YOURSELF**