



UW-W ALUMNI ASSOCIATION SCHOLARSHIP

Application Form

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ ID #: \_\_\_\_\_

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List chronologically (earliest to current) employment held while enrolled as a university student. Please include summer employment.

Employer	Type of Work	Dates of Employment

How do you plan to use your education to contribute positively to society?

Add any information or comments which you feel may be significant to your selection.

*By signing this application form the applicant confirms that s/he is a UWW student holding junior status (60-89.9 course credits) at the time of application and is in good academic standing. The applicant's signature also indicates that s/he is aware that in the event that the scholarship recipient voluntarily discontinues his or her UWW education or fails to remain in good academic standing, s/he shall forfeit his or her right to the award and monies shall revert back to the scholarship fund.*

Signature: \_\_\_\_\_

Date: \_\_\_\_\_