

METCALF ENDOWMENT

Application

Last Name: _____ First Name: _____ ID #: _____

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By signing this application form the applicant confirms that all information provided in this application is true, complete and accurate; and that all statements and essays are her/his own work. A scholarship award may be denied or revoked if any information contained herein is found to be inaccurate. Should applicant receive an award, s/he gives permission to the College and University to use her/his name, photographs, academic records including grade point average, and award amount in publicity and/or marketing materials. The applicant's signature also indicates that s/he is aware that in the event that the scholarship recipient voluntarily discontinues his or her UW-W education or fails to remain in good academic standing, s/he shall forfeit her/his right to the scholarship and monies shall revert back to the scholarship fund.

Applicant signature: _____

Date: _____