

Department of History JOHN T. LARIMER SCHOLARSHIP Application

Last Name:		First Name:		Middle Initial:	
ID #:	_Email Address:	Telephone #:			
Campus Address:	Street		City	State	Zip
Permanent Address:	Street		City	State	Zip
Major:			Minor:		
Expected date of graduation:		History GPA:	Cur	nulative GPA: _	

of credits completed: _____ # of credits this semester: _____ # of credits next semester (minimum estimate): _____

List the university history courses you have taken or are now taking at UWW or elsewhere including the name of the professor and the grade you received. (*Note: Place an X in the Grade column if the course is in progress.*):

Course	Professor	Grade

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Last Name:	_First Name:	ID #:					
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Provide a personal statement (maximum 500 words), which includes:

- demonstrated passion for history through involvement in Phi Alpha Theta—the National History Honors Society
- involvement and participation in campus community or a local community, preferably in relationship to the field of history and/or service to the community

By signing this application the applicant confirms 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 scholarship and monies shall revert back to the scholarship fund.

Applicant's signature: