

Department of History JACK FILIPIAK SCHOLARSHIP Application

Last Name:		First Name:		Mi	ddle Initial:
ID #:	Email Address:	Telephone #:			
Campus Address:	Street		City	State	Zip
Permanent Addres	SS:Street		City	State	Zip
Major:			Minor:		
Expected date of g	graduation:	Cumulative GI	PA:		

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

JACK FILIPIAK SCHOLARSHIP		
Application		
Last Name:	First Name:	ID #:
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Provide a personal statement (maximum 500 words), which includes:

- > Your educational goals and how this scholarship will help you achieve them;
- > Your need for financial aid; and
- > Any specific attributes which set you apart as an applicant.

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:

Date: