





HADLEY G. KLUG MEMORIAL SCHOLARSHIP

Application

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

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*By signing below, applicant confirms that all information provided is true; and that all statements and essays are their own work. Applicant knows that an award may be denied or revoked if any information contained herein is found to be inaccurate. Should applicant receive an award, they give permission to the Department, College and University to use their name, photographs, academic records including grade point average, and award amount in publicity and/or marketing materials. The applicant's signature also indicates that they are aware that in the event that the scholarship recipient voluntarily discontinues their UW-W education, fails to be inducted into Alpha Kappa Delta, or fails to remain in good academic standing, they shall forfeit their right to the award and monies shall revert back to the scholarship fund.*

Applicant signature: \_\_\_\_\_

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