



Department of History
DONALD L. AND ALLENE L. GRAHAM SCHOLARSHIP

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: _____

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, including the professor and the grade (both at UW-W and elsewhere):

Table with 3 columns: Course, Professor, Grade. Multiple empty rows for data entry.

In a brief paragraph, explain your career goals and why you are pursuing these goals:

Large empty rectangular box for writing a paragraph about career goals.

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: _____