

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 her/his 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, s/he gives permission to the Department, 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 her/his UW-W education, or fails to remain in good academic standing, s/he shall forfeit her/his right to the award and monies shall revert back to the scholarship fund.

Applicant signature: _____

Date: _____