**2023 HUNZIKER SCHOLARSHIP**

**RENEWAL APPLICATION – FINANCIAL NEED FORM**

**PERSONAL INFORMATION**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_/\_\_/\_\_

Student ID#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ UW-W Cum GPA: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of UW-W Credits Completed: \_\_\_\_\_\_\_ Number of credits transferred in: \_\_\_\_\_\_\_

How many credit hours are you taking each semester: \_\_\_\_\_ Fall-2023 \_\_\_\_\_ Spring-2024

Anticipated Date of Graduation: \_\_\_\_\_\_\_\_\_\_\_ UW-W Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Major(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Minor(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please check the appropriate line that represents you: \_\_\_ Commuter student

\_\_\_ Online student

\_\_\_ International student

Permanent Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List Legal Dependents *- Attach a separate sheet if necessary*:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **#** | **Dependent Name** | **Age** | **#** | **Dependent Name** | **Age** |
| 1 |  |  | 4 |  |  |
| 2 |  |  | 5 |  |  |
| 3 |  |  | 6 |  |  |

|  |  |
| --- | --- |
| **Expected Family Contribution** | **Adjusted Gross Income from 2021** |
|  |  |

Household Income – *List all sources of income. List expenses only once, Attach another sheet if necessary:*

|  |  |
| --- | --- |
| **Type of Income** | **Per Semester (4 months)** |
| Wages | $ |
| Child support/Alimony | $ |
| Loans | $ |
| Grants/Scholarships | $ |
| Other (specify) | $ |
| **TOTAL INCOME** | $ |

Expenses – *List all household expenses, including those of dependents. List all expenses. Attach another sheet if necessary:*

|  |  |
| --- | --- |
| **Type of Expense** | **Per Semester (4 months)** |
| Rent/Mortgage | $ |
| Utilities | $ |
| Groceries | $ |
| Car Payment | $ |
| Car Insurance | $ |
| Car Repair/Maintenance | $ |
| Telephone/Cell/DSL/Cable | $ |
| Medical Expenses | $ |
| Childcare/Dependent Care | $ |
| Tuition/Books | $ |
| Entertainment | $ |
| Personal (Clothes, haircuts, etc.) | $ |
| Other *(specify)* | $ |
| Other *(specify)* | $ |
| **TOTAL EXPENSES** | $ |

**ADDITIONAL INFORMATION** *– Please feel free to provide any additional information that you would like us to consider when we are reviewing your application.*

I AUTHORIZE THE INDIVIDUALS, ORGANIZATIONS, AND EDUCATIONAL INSTITUTIONS NAMED IN THE APPLICATION TO RELEASE THE PERTINENT INFORMATION SO THAT I CAN BE CONSIDERED FOR THE DR. ERNELLA S. HUNZIKER SCHOLARSHIP FOR RETURNING WOMEN STUDENTS.

I HEREBY CERTIFY THAT ALL INFORMATION LISTED IN THIS APPLICATION IS TRUE.

SIGNATURE OF APPLICANT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_

**PLEASE RETURN ELECTRONICALLY TO:** Kevin DeCoux [decouxk@uww.edu](mailto:decouxk@uww.edu) **OR**

**MAIL OR HAND DELIVER TO:** Hyer Hall room 201, 800 W Main St., Whitewater, WI 53190 by **Tuesday, February 21st.**

This information is one piece of the application process. In addition, we require **A)** letter requesting renewal, **B)** Statement of continued financial need **C)** Copy of unofficial transcripts, and **D)** Two page, typewritten (double spaced) statement of accomplishments while receiving the Hunziker scholarship.

**Incomplete Applications will NOT be reviewed.**