



UNIVERSITY OF WISCONSIN
WHITEWATER

Department of Geography, Geology and Environmental Science
Warren and Rose Fischer Scholarship
Application Form

Please complete this form in consultation with a faculty sponsor. Send a signed copy—scanned or using an electronic signature—to your faculty sponsor(s) along with a .pdf or your current AAR.

Are you a new or continuing Fischer Scholar? _____

Last Name: _____ First Name: _____ Middle Initial: _____

ID #: _____ Email Address: _____ Telephone #: _____

Campus/local Address: _____
(Street, City, State, Zip)

Permanent Address: _____
(Street, City, State, Zip)

Major: _____ Minor: _____ Cum. GPA: _____

Do you plan to enroll as a full-time student (at least 12 semester hours/term) at UW-W? _____

Anticipated date of graduation: _____

1. List geography, geology, and environmental science courses that will be completed by the end of Spring 2023. Indicate grade if the course has been completed.

Name of Course	Instructor	Grade

2. Discuss the faculty member(s) you will be working with next semester if awarded the Fischer Scholarship. What will your duties be? Consult your faculty sponsor(s) to complete answer.

3. Indicate the days and times during the week that you will be available to perform your Fischer Scholarship duties.

By signing this application form the applicant confirms that all information provided in this application is accurate and that all statements and essays are her/his own work. (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 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 his or her UW-W education or fails to remain in good academic standing, s/he shall forfeit her/his right to the scholarship and monies shall revert back to award/ scholarship fund.

Applicant's signature: _____ **Date:** _____

Once this application is complete, forward a scanned copy along with a current AAR to your faculty sponsor. Please do this a few days prior to the application deadline.

4. Faculty Sponsor(s): please confirm the number of hours of work requested. Review the student schedule and confirm that it allows them to do the work as described.

5. Faculty Sponsor(s): Please provide any additional comments on the student's academic record and/or commitment to the educational mission of the department.

Faculty Sponsor's signature: _____ **Date:** _____

Faculty Sponsor: Please upload this application and student AAR into the Fischer folder in the department Google Docs folder.