



Department of Geography, Geology and Environmental Science  
**Warren and Rose Fischer Scholarship**  
 Application Form for In-House Applicants

*Please complete this form in consultation with a faculty sponsor(s). The form must be signed by the student and signed by the faculty sponsor(s).*

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: \_\_\_\_\_

List geography, geology, and environmental science courses completed or currently enrolled in:

Name of Course	Instructor	Grade

Discuss the duties you will have and with which faculty member(s) you will be working next semester if awarded the Fischer Scholarship. (This section must be completed in consultation with faculty sponsor(s)):

Considering the typical week, if you receive the award next semester, indicate the days and times during the day when you will be free 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: \_\_\_\_\_

Faculty Sponsor's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Faculty Sponsor(s) Comments:

Department Chair Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Chair Comments: