

Department of History JACK FILIPIAK SCHOLARSHIP Application

Last Name:	st Name:First Name:		Middle Initial:		
ID #:	Email Address:	T	Telephone #:		
Campus Addres	ss:				
I	Street	City	State	Zip	
Permanent Add	lress:				
	Street	City	State	Zip	
Major:		Minor:			
Expected date of	of graduation: Cumu	lative GPA:			
# of credits con	npleted:# of credits this semester:	# of credits next ser	nester (minimur	n estimate):	
	sity history courses you have taken or a r and the grade you received. (Note: Page 1)				
	Course Number and Title		Professor	Grade	

JACK FILIPIAK SCHOLARSHIP					
Application Last Name: First Name: ID #:					
Page 2 of 2	First Name:	ID #:			
Provide a personal statement (maximum 500 words), which includes: Your educational goals and how this scholarship will help you achieve them; Your need for financial aid; and Any specific attributes which set you apart as an applicant.					
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:			