

## Department of History MICHAEL KENNEDY MEMORIAL SCHOLARSHIP Application

Last Name:		First Name:		Middle Initial:		
ID #:	Email Address:		Te	Telephone #:		
Campus Address:	:					
Ĩ	Street		City	State	Zip	
Permanent Addre	ss:					
	Street		City	State	Zip	
Major:			Minor:			
Expected date of	graduation:	Cumulative GPA				

# of credits completed: \_\_\_\_\_# of credits this semester: \_\_\_\_\_# of credits next semester (minimum estimate): \_\_\_\_\_\_

List the university history course numbers and names (i.e. HISTRY 124, American History to 1877) you have taken or are now taking at UWW or elsewhere including the name of the professor and the grade you received. (*Note: Place an X in the Grade column if the course is in progress.*):

Course Number and Title	Professor	Grade

## MICHAEL KENNEDY MEMORIAL SCHOLARSHIP

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Last Name:	First Name:	ID #:

Provide a brief statement explaining your career goals and why you are pursuing these goals:

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: \_\_\_\_\_

Application Deadline: 4:00 P.M. on the last Monday in February.

Submit complete application, together with a copy of your UW-Whitewater unofficial transcript (printed from WINS) and transcript(s) from any other university you have attended, to the Department of History, Laurentide Hall 5221.