

MEMORIAL SCHOLARSHIP

Application

Last Name: _____ First Name: _____ ID #: _____

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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 (Phone: 472-1103).