

Department of History MEMORIAL SCHOLARSHIP Application

Check the scholar	rship(s) you are applying	g for: Michael k	Kennedy Memor	ial <u> </u>	Schmunk Memorial	
Last Name:		First Name:		Middle Initial:		
ID #:	Email Address:		Telephone #:			
Campus Address:	:					
-	Street		City	State	Zip	
Permanent Addre	Street		City	State	Zip	
Major:			Minor:			
Expected date of	graduation:	Cumulative G	PA:			
# of credits comp	oleted: # of credits th	nis semester:# o	f credits next se	mester (minimu	m estimate):	
	y history courses you ha and the grade you receive					
	Course			Professor	Grade	

Application Last Name: Page 2 of 2	_ First Name:	ID #:	
Provide a brief statement explaining your ca	areer goals and why you ar	e pursuing these goals:	
			_
By signing this application the applicant confirmal voluntarily discontinues his or her UWW education her right to the scholarship and monies shall re-	tion or fails to remain in good	d academic standing, s/he shall forfeit his or	
Applicant's signature:		Date:	_

Application Deadline: 4:00 P.M. on the <u>last Monday in February</u>.

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).