

Name of Scholarship Applying For: _____

Personal Information

Last Name _____ First Name _____ M.I. _____ **W** Student Number _____

E-Mail Address _____ Birth date (Optional) _____ Social Security Number _____

Permanent Address (Street, City, State and Zip) _____ Permanent Phone Number _____

Current Local Address (Street, City, State and Zip) _____ Current Local Phone Number _____

U.S Citizen? WA State Resident?

Yes Yes

No No Resident of what state? _____

Additional Information (Optional)

Single Mother with Dependent Child/Children

* This scholarship gives preference to single parents of dependent children

What race/ethnicity do you consider yourself? Check all that apply. (Optional)

American Indian/Alaska Native

Spanish/Hispanic

Asian/Pacific Islander

White / Caucasian

Black / African American

Other

Educational Information

Current Class Status: Freshman Sophomore Junior Senior

Fifth-year certification Masters Other _____

Academic Major: _____ Minor _____

Proposed Occupation _____

Cumulative GPA _____ Major GPA _____ Expected Graduation Date _____

List all prior high schools, colleges and universities.

Name of School	Location	Month and Year Attended		Year Graduated	Credit Hours Earned		Cumulative GPA
		From	To		Quarter	Semester	

Parental/Guardian Information

Father/Guardian Name _____ Mother/Guardian Name _____

Address _____ Address _____

City State Zip _____ City State Zip _____



2008-2009 Scholarship Application

Supplemental Information

The following items must be typed or word-processed on separate sheets of paper. Please note the item number or question on the page(s).

- (1) Provide a detailed statement regarding your educational and career goals.
- (2) Provide a detailed statement describing your financial need.
- (3) List significant activities and honors attained while in high school and college. Also list volunteer activities and employment information. If you prefer, this summary may be written in a résumé style.

Letters of Recommendation

Please list the names and positions from whom the Scholarship Committee may contact for recommendations.

_____	_____	_____	_____
Last Name	First Name	Position	Phone Number
_____	_____	_____	_____
Last Name	First Name	Position	Phone Number
_____	_____	_____	_____
Last Name	First Name	Position	Phone Number

Signed Authorization/Certification

I hereby certify that the information contained in this application is true and correct to the best of my knowledge. I authorize the release of my grade transcript and the extent of my financial need to interested donors of scholarships who request this information.

Signature of Applicant

Date

Mail your completed scholarship application to:

The College of Sciences and Technology
Western Washington University
Bond Hall, Room 437
Bellingham, WA 98225-9126
(360) 650-6400

Deadline: April 25, 2008