

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 _____

To request disability accommodation or assistance in the application process, contact the Scholarship Center, (360) 650-3471.

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: November 13, 2009