

Scholarship Application P-12 Physical Education & Health Program

Tab to each form field to complete

PERSONAL INFORMATION:

Name

Student Number W_____

WWU Email Address

Resident of WA State	Yes	No
Married (Optional)	Yes	No

Check all that apply only if applying for the Willis Ball Scholarship (Optional for other scholarships)

American Indian/Alaska Native Asian/Pacific Islander Black/African American First Generation College Student Spanish/Hispanic White/Causian Other

EDUCATIONAL INFORMATION

Major(s)				
Class Status	Freshman	Sophomore	Junior	Senior
Proposed Occupation				
Cumulative GPA		Expected Grac	luation Date	

LETTERS OF RECOMMENDATION

List the names and positions from whom the Scholarship Committee will receive recommendations. Ask the person to download the Recommendation Form, complete and email to: sue.hutchings@wwu.edu.

1. Name	Position
2. Name	Position
3. Name	Position

SUPPLEMENTAL INFORMATION

Please respond to the following questions as they pertain to the criteria in the scholarship(s) you apply for.

1. List significant activities and honors attained while in high school and college.

2. List volunteer activities and employment information.

3. Provide a brief statement regarding your educational and career goals.

4. Provide a brief statement describing your need for scholarship funds.

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