



Scholarship Application Public 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

Spanish/Hispanic

Asian/Pacific Islander

White/Causian

Black/African American

Other

First Generation College Student

EDUCATIONAL INFORMATION

Major(s)

Class Status Freshman Sophomore Junior Senior

Proposed Occupation

Cumulative GPA Expected Graduation Date

LETTER OF RECOMMENDATION

List the name and position from whom the Scholarship Committee will receive a recommendation.

Ask the person to download the Recommendation Form, complete and email to: sue.hutchings@wwu.edu.

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