



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

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

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

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