



## ALUMNI ASSOCIATION GRADUATE AWARD

The award is based on academic achievement and financial need. Only graduate students will be considered. Students must complete the application process in order to be considered.

(please print clearly)

Name: \_\_\_\_\_ ID# \_\_\_\_\_

Street address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact phone number (cell, home, residence hall): \_\_\_\_\_

Email address: \_\_\_\_\_

Are you a Veteran? Yes \_\_\_ No \_\_\_

Major: \_\_\_\_\_ Academic School: \_\_\_\_\_  
Ancell, Arts & Sciences, Professional Studies, Visual & Performing Arts

Estimated graduation date: \_\_\_\_\_

Total credits accumulated as of 1/1/2019: \_\_\_\_\_ Total credits earned at WCSU: \_\_\_\_\_

GPA: \_\_\_\_\_ Total transfer credits: \_\_\_\_\_

### Please type your responses to the following and attach to this application

Note: When using acronyms, please write out full name upon first reference (e.g. SGA: Student Government Association).

#### CAMPUS INVOLVEMENT

1. List any awards / honors, you have received while at WCSU. (Use bulleted or numeric list, no paragraphs.)
2. List any clubs, athletic teams, organizations, etc., that indicate your level of involvement at WCSU outside of academic requirements. (Use bulleted or numeric list, no paragraphs.)

#### PERSONAL ESSAY

3. This scholarship is based on academic achievement and any university/community involvement. With this in mind, please inform the committee, in a short narrative, (250 words) why you should receive this award.

I hereby acknowledge that the information submitted is accurate and complete to the best of my knowledge and that any misrepresentation of information will result in repayment of the total scholarship.

Signature \_\_\_\_\_ Date \_\_\_\_\_

This application form and a copy of your current unofficial transcript must be submitted together by 4 p.m. on Friday, Feb. 22, 2019, to the Alumni Office, Old Main, Suite 302. Late or incomplete submissions will not be accepted.