



Scholarship Application

First Name:

Last Name:

D.O.B.

Address:

City, State, Zip

Email:

Phone:

Classes or programs that you wish to seek funding for:

Please provide information on your highest level of education completed:

School Name:

Years Attended:

Graduated? Y/N

Major or Focus of Study:

Do you qualify for or receive free or reduced lunches? _____ Y/N

Do you qualify for or receive any other forms of state or federal support? _____ Y/N Optional:

Please indicate your race. _____

*Scholarship applications are valid only towards UW-Waukesha Continuing Education non-credit enrichment classes. Scholarships are not valid for travel, credit, or off-site classes. Scholarship is void if the recipient chooses not to attend. No cash payment will be made directly to recipient.

Please provide as many details as possible as to why you are applying for this scholarship. Completed applications can be faxed to 262-521-5515, emailed as an attachment to wakce@uwc.edu, or mailed to the following address:

**UW-Waukesha Continuing Education
1500 N. University Dr.
Waukesha, WI
53188**

Please provide as many details as possible as to why you are applying for this scholarship (attach additional sheets if needed).

Agreement: By signing and submitting this application, it will be stated that the facts set forth in it are true and complete. You understand that if you are accepted as a scholarship recipient, any false statements, omissions, or other misrepresentations made by you on this application may result in forfeiture and repayment of this scholarship. Scholarship awards will be reviewed by the UW-Waukesha Continuing Education Review Board. Only scholarship recipients will be contacted.

Signature

Date