



ALUMNI ASSOCIATION GRADUATE AWARD

This 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: _____

Street address: _____

City: _____ State: _____ Zip: _____

Contact phone number (cell, home, residence hall): _____

E-mail address: _____

Major/Program: _____ Academic School: _____

Estimated graduation date: _____

Total graduate credits accumulated as of 1/1/2012: _____

Total graduate credits earned at WCSU: _____

Total GPA for graduate credits earned at WCSU: _____ Total graduate 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).

ACTIVITIES

1. **List** any awards, honors, career accomplishments, community service, volunteer activities, etc. (Use bulleted or numeric list, no paragraphs.)

PERSONAL ESSAY

2. Please inform the committee in a short narrative (up to 250 words) why you should be considered.

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 February 24, 2012, to the Alumni Office, Old Main, Suite 302. Late or incomplete submissions will not be accepted.