

<<<DUE DATE – APRIL 14, 2023>>> For office use only  
Transcript \_\_\_\_\_



## MAY SHERWOOD MEMORIAL SCHOLARSHIP APPLICATION

This scholarship is awarded by the Alumni Association to a junior student entering his/her senior year and majoring in Education. The award is based on academic achievement. Applicants must complete the application process, meet the criteria and be a full-time, registered student (12 credits) in order to be considered.

(please print clearly)

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

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

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

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

Email address (WCSU) \_\_\_\_\_

(Personal) \_\_\_\_\_

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

Do you live on campus? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have a FT/PT job? Yes \_\_\_\_\_ No \_\_\_\_\_

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

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

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

Total credits (earned/transferred): \_\_\_\_\_ (Must be 90 or greater)

G.P.A.: \_\_\_\_\_ (Must be 3.5 or greater)

### 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.)

#### COMMUNITY INVOLVEMENT

3. List community volunteer activities outside of academic requirements while attending WCSU. (Use bulleted or numeric list)

#### PERSONAL ESSAY

4. 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, April 14, 2023, to the Alumni Office, University Hall, UH001. Late or incomplete submissions will not be accepted.