UNIVERSITY OF WISCONSIN
WHITEWATER

Department of History
DONALD L. AND ALLENE L. GRAHAM SCHOLARSHIP

Last Name:_____First Name:_____Middle Initial: _____

ID #:_____Email Address:_____Telephone #:_____

Campus Address: _____ _____ _____ _____
Street City State Zip

Permanent Address: _____ _____ _____ _____
Street City State Zip

Major:_____ Minor: _____

Expected date of graduation: _____ GPA:_____

# of credits completed: ___ # of credits this semester:___# of credits next semester (minimum estimate): _____

List the University history courses you have taken or are now taking, including the professor and the grade (both at UW-W and elsewhere):

Course Number and Title	Professor	Grade

In a brief paragraph, explain your career goals and why you are pursuing these goals:

By signing this application the applicant confirms that s/he is aware that in the event that the scholarship recipient voluntarily discontinues his or her UWW education or fails to remain in good academic standing, s/he shall forfeit his or her right to the scholarship and monies shall revert back to the scholarship fund.

Applicant's signature:_____ Date: _____