



## Scholarship Application

### Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Last First M.I.

Address: \_\_\_\_\_  
Street Address Apartment/Unit #

\_\_\_\_\_  
City State ZIP Code

Phone: \_\_\_\_\_ Email \_\_\_\_\_

Year and term: \_\_\_\_\_ Student ID No.: \_\_\_\_\_ Graduate Undergraduate

Are you a citizen of the United States? YES  NO  If no, are you authorized to attend school in the U.S.? YES  NO

Have you received a scholarship from WBU before? YES  NO  If yes, when? \_\_\_\_\_

### Educational Goal(s)

Degree Program: \_\_\_\_\_ Semester Hours Remaining: \_\_\_\_\_

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### Scholarship Desired (please select only one per application)

Hawaii General Scholarship: \_\_\_\_\_ \*\* Note: Scholarships are competitive and subject to availability of funds

Hawaii Ministerial Scholarship: \_\_\_\_\_

Spouse of WBU Student Scholarship: \_\_\_\_\_ Spouse's ID# \_\_\_\_\_

Spouse of Deployed Military Member: \_\_\_\_\_

Other Scholarship (please list name): \_\_\_\_\_

### Other Sources of Aid

Veterans Administration Benefits \_\_\_\_\_ Financial Aid (Federal or State) \_\_\_\_\_

Tuition Assistance \_\_\_\_\_ Other Sources of Aid (Please list) \_\_\_\_\_

### Disclaimer and Signature

*I certify that my answers are true and complete to the best of my knowledge. I understand that false or misleading information in my application may result in elimination of consideration.*

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