



WAYLAND
BAPTIST UNIVERSITY
Hawaii Campus

Law Enforcement Scholarship – Dependent Verification Form

Wayland Student Information:

Name of Student: _____

Student WBU ID: _____

Academic Year: _____

Academic Program: _____

(**PLEASE indicate by choosing one)

Status: *Degreed* *Grad* *Undergrad* *Audit* *Concurrent*

Police Officer Information:

Name of Police Officer: _____

Relationship to Wayland Student: _____

We verify that the above information is correct and that we meet the scholarship conditions.

WBU Student Signature **(Required)**

Date

Police Officer Signature **(Required)**

Date