

## **WUSA Scholarship Application**

Applicant's Name:			
Parents' Names:			
Home Address:	Street	City	Zip
Cell Phone Number: ()		•	•
High School:			
Please list the colleges to wh	ich you have app	olied:	
Please check this box if you	attest that your i	ntention is to attend a fou	ır year college:
If known, which college do yo	ou plan to attend	next fall?	

Please list the seasons/years you were active in WUSA. To be considered for the WUSA Scholarship, you must have participated in at least eight (8) WUSA seasons.

Season (circle)	Year	Season (circle)	Year	Season (circle)	Year
Fall / Spring		Fall / Spring		Fall / Spring	
Fall / Spring		Fall / Spring		Fall / Spring	
Fall / Spring		Fall / Spring		Fall / Spring	
Fall / Spring		Fall / Spring		Fall / Spring	

Please list each athletic team by grade level on which you participated in high school (example: Varsity Softball – Sophomore and Junior Years):						
* On separate page(s), please submit a letter to the Scholarship Committee desc	_					
how your experiences in WUSA have helped you in high school and through the application process.	conege					
* Please email the following scholarship application materials to: wusahelp@wu	sa.org:					
Completed WUSA Scholarship application						
<ul> <li>Applicant's letter to the Scholarship Committee</li> <li>A copy of your high school transcript</li> </ul>						
<ul> <li>A copy of your high school transcript</li> <li>One letter of recommendation (should not be written by a relative of the a</li> </ul>	pplicant					

WUSA use only: Date Received\_