



## 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*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_