

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:

Hawaii Ministerial Scholarship:

Spouse of WBU Student Scholarship:

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: _____