

**APPLICATION FOR WALP SCHOLARSHIP
(to be completed by sponsoring chapter)**

Please **print using a blue or black ink or type**. This form and attachments may be submitted in hard copy, with preference that applications be submitted via e-mail in Microsoft Word and/or PDF format.

Applicant's cumulative grade point average must be at least 3.0 on a 4.0 scale or a "B" average for one year.

Sponsoring Chapter: _____

Name of Chapter President: _____

Email: _____

Name of Chapter Scholarship Chair: _____

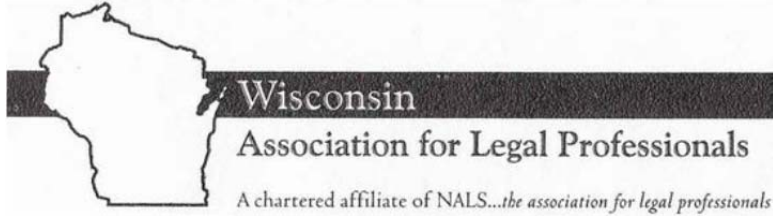
Email: _____

Telephone (Home/Office/Cell): _____

State here reason in full why it is necessary for your applicant to receive scholarship aid
(do not attach riders):

State occupation of applicant's father and mother (or person(s) responsible for support of applicant):

State number of children (dependents only) including applicant in family and give ages:



FOR USE BY WALP EDUCATION SCHOLARSHIP COMMITTEE:

Name of Applicant: _____

Age: _____

Address: _____

Email: _____

Telephone (Home/Cell): _____

Name of School: _____

Address of School: _____

Principal's Name: _____

Expected Date of Graduation: _____

Applicant's Signature

Date

Chapter President's Signature

Date

Chapter Scholarship Chair's Signature

Date

RETURN TO:
Deborah Dawson
WALP Education Director
554 Apollo Way
Madison, WI 53718
ddawson@axley.com