

# Salmon Unlimited – Wisconsin, INC Scholarship Application

**APPLICATION DEADLINE 3PM NOVEMBER 1<sup>ST</sup> OF EACH YEAR**

Turn completed application into: [grants@suwis.org](mailto:grants@suwis.org)

Salmon Unlimited – Wisconsin Inc will make the final determination of the recipients. We wish you the best of luck in this year's scholarship competition and through the remainder of your scholastic and professional journeys.

## PERSONAL INFORMATION

NAME \_\_\_\_\_

LAST

FIRST

MIDDLE

Home Address \_\_\_\_\_

Number & Street

City

State

Zip

Phone Number \_\_\_\_\_

## CAMPUS INFORMATION

Name \_\_\_\_\_

Address \_\_\_\_\_

Number & Street

City

State

Zip

Campus Phone Number \_\_\_\_\_

**High School Attended**

Name \_\_\_\_\_

Address \_\_\_\_\_

Number & Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Year graduated or going to Graduate \_\_\_\_\_

**University Background**

Major \_\_\_\_\_ Minor \_\_\_\_\_

Class \_\_\_\_\_ Expected Graduation Date \_\_\_\_\_

Will you be enrolled in classes next semester? \_\_\_\_\_ No. Of Credits \_\_\_\_\_

**References:** *References may be called to verify and confirm information on the application.*

Name \_\_\_\_\_ Occupation \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Occupation \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Occupation \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Please include a brief statement indicating your future plans, career goals, pursuit of careers (where), who or what influenced you to pursue this career path, and why you believe a scholarship would be justified in your case.