

SCHOLARSHIP APPLICATION

President's Scholarship

for

Phi Theta Kappa Alumni Transfer

Student # W

Applicant's Name (Last, First)



WESTERN
WASHINGTON UNIVERSITY

PLEASE TYPE OR PRINT

To request disability accommodation or assistance in the application process, contact the Scholarship Center at (360) 650-3471. TTY users may call the State Relay System at (800) 833-6338.

1

Name: _____
last first middle initial

Social Security #: _____ Birthdate: _____

Permanent Address: _____
_____ Phone: _____

Current Address: _____
_____ Phone: _____

2

Are you a U.S. citizen? Yes No Visa: _____
type and number

Are you a WA resident? Yes No: _____
state of residency

I plan to transfer to WWU in the (check one): fall winter spring summer Year: 20_____

3

Previous colleges attended: _____

Current year in school: Freshman Sophomore Junior

A.A. Degree Program: no yes: _____ Anticipated date of completion: _____

Proposed Major: _____

Minor: _____

