

**Department of Family and Consumer Sciences  
Scholarship Application**

**Submit this form to the AHS Department office by April 1.**

**\*Students must also complete an application in TopDollar to receive award.\***

**Full Name:** \_\_\_\_\_ **WKU ID#** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

**WKU/Local Address:** \_\_\_\_\_

**Home Phone #:** \_\_\_\_\_ **Cell Phone #** \_\_\_\_\_

**E-mail address:** \_\_\_\_\_

**WKU Major:** \_\_\_\_\_ **WKU Minor:** \_\_\_\_\_

**Cumulative WKU GPA:** \_\_\_\_\_ **Student Status:** Full time Part time

**Number of hours earned at the end of current year:** \_\_\_\_\_

**Classification:** Freshman Sophomore Junior Senior

**Current Employer:**  
\_\_\_\_\_

**List Department, WKU, and Community Organizations in which you participate:**

Name of Organization	# of Years	Office(s) held

Office Use Only: Date form received from student: _____ Date information sent to Foundation: _____ Award Amount: \$ _____
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