

Lifetime Experience Grant

|  |  |
| --- | --- |
| Proposal Title |  |
| Student Name |  |
| WKU 800-Number |  |
| Majors(s) |  |
| Minor(s) |  |
| Permanent Address |  |
| Campus Address |  |
| Telephone |  |
| Email |  |
| Faculty Mentor |  |
| Faculty Mentor Email |  |
|  |
| **INTENDED TERM OF USE**Winter 2016 Spring 2016 Summer 2016 Fall 2016  |

|  |
| --- |
| What are your educational and professional aspirations? How will this experience assist you in achieving your goals?  |
|  |

|  |
| --- |
| Please list any national or international scholarships for which you plan to apply.  |
|  |

By initialing here, I give the Office of Scholar Development and the Lifetime Experience Grant Selection Committee permission to access and review my WKU transcript: \_\_\_.