



Wisconsin Association of Women Police Student Scholarship Application

First Name	Last Name
Home Address	
City, ST, Zip	
Phone	E-mail Address
High School Name, City, and State	
Month/Year Graduated	College of attendance for this scholarship
Student ID Number	GPA at time of application

Attach with completed application:

- Certified copy of transcripts (minimum of 9 credits)
- Two (2) letters of recommendation from professors or instructors.
- One (1) personal reference letter.
- Essay 250 words or more about you and your career goals.

Mail the completed application and attachments to:

WAWP Scholarship Program, PO Box 2338, Madison, WI 53701

Must be postmarked no later than May 30, 2017.

Please direct questions to Past President June Groehler
JGroehler@cityofmadison.com