



Wisconsin Association of Women Police Student Scholarship Application

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|-----------------------------------|--|
| 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, 2018

Please direct questions to Trustee Pia Kinney James at togramz@aol.com