



Wisconsin Association of Women Police Student Scholarship Application (NON-MEMBER)

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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: (WAWP Membership not required)

- Certified copy of college transcripts (minimum of 9 credits) **and/or** copy of college course registration schedule for summer or fall semester 2024.
- 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, Past President T Jokala, 809 S. Thompson Dr, Madison WI 53714

Must be postmarked no later than May 30, 2024

Application packets can also be scanned and emailed to Scholarship Committee Chair
Tracie Jokala, WAWP Immediate Past President, tjokala@cityofmadison.com

Additional information: Scholarships will be awarded at the discretion of the WAWP Board/
Scholarship Committee. Scholarship award amounts may vary depending on the amount of scholarship funds, number of applicants, and qualifications of the applicant(s). Please contact the Scholarship Committee Chair for any questions.