

SCHOLARSHIP APPLICATION New First-Year Students Enrolling Fall

Name:	
Address:	
City:	
State:	Zip:
High School:	
ACT/SAT Composite Overall GPA	(If known) Class rank out of
Area of intended study:	
Is there a specific scholarship you'd like to bo	e considered for? Yes/No
If yes, please specify scholarship	
Please consider me for all available schol	larships.

Please include an additional sheet of paper addressing the following questions. Please limit responses to 250 words per question.

- 1. How would a scholarship help you attend UW-Stevens Point?
- 2. Please share with us why you feel you are deserving of a scholarship.

Please send or email application to:

UW-Stevens Point Admissions Office 1108 Fremont Street Stevens Point, WI 54481 email: admiss@uwsp.edu

Priority scholarship consideration will be given to students who have submitted their application for admission and scholarship application to UW-Stevens Point by November 15.