

SCHOLARSHIP IN FINANCE

APPLICATION FORM

For Students Planning to Major in Finance or Personal Financial Planning

Preference given to underrepresented minority students

Personal Information

Name (First, Middle Initial, Last)			WIN#	
Local Address (street)			Permanent Address (street)	
City, State, Zip			City, State, Zip	
Cell Phone (include area code)			Permanent Phone (include area code)	
Email address				
Gender:	Male		Female	
Ethnicity: American Indian or Alaskan Native Asian Black, Non-Hispanic Hispanic			Native Hawaiian or Pacific Islander White, Non-Hispanic	
		Same	Other	
		Academic Infor	mation	
ACT or SAT Sco	rse Taken			
ACT Math Score		Intended WMU major		
Incoming freehman		Expected Graduation Da	ate:	
Incoming freshmen: High School GPA		Name of High School		
Thigh Concor Of		rame of riight colloci		
Students with a	nt least one semest	er of college coursework	c:	
College GPA		Name of Colle	Name of College	

Financial Information						
Souces of financing for your college education. (List approximate percentages for all that apply.						
Grants	Other scholarships		Parents/relatives			
Loans	Employment Income					
Recommendations						
List names, addresses & telephone numbers of 3 persons who agree to serve as references for you. (Please do not include relatives.)						
1.						
Name						
Address			Phone			
2.						
Name						
Address			Phone			
3.						
Name						
Address			Phone			
Please attach the following:						
a. Statement of professional goals						
b. List of extra-curricular activities						
c. Description of work experience						
d. Statement as to why you believe you should be awarded this scholarship						
e. Resume (optional)						
f. Official high school transcript (incoming freshmen) OR						
Official college transcript (students with at least one semester of college coursework)						

Note: Candidates must be authorized to work in the United States without authorization sponsorship needed **now or in the future**. Are you authorized to work in the United States? YES NO

Please submit your completed application along with the required enclosures (see above) to: Bethany Cwalina at Greenleaf Trust, 211 South Rose Street, Kalamazoo, MI 49007 or scan to bcwalina@greenleaftrust.com

Questions? Contact Kim Dudley at 269.553.7254 or Bethany Cwalina at 269.553.3690.