

OUTSTANDING SCHOLAR AWARD APPLICATION

(Top 5% of Graduating Class, within the State of Wisconsin, graduating *Spring* 2016)

Please type, or print in black ink, your answers to all questions. The fully completed form, your letter applying for this scholarship, transcript and letters of recommendation should all be mailed to the UWM Alumni Association, P.O. Box 413, Milwaukee, WI 53201. Copies of this form are acceptable. The application deadline is December 2, 2015 (postmarked).

1.	Name:				
2.	Address: City, State, Zip:				
3.	Telephone:		4. Date of Birth:		
5.	Name of Wisconsin high school from which you will graduate:				
6.	Class Rank:		7. Class Size:		
8.	Grade Point Average on a 4-point, unweighted scale:				
9.	Specify SAT Score: _		and/or ACT score:		
10	10. Academic Achievements (Awards, Medals, Honors, etc.):				
11.	. Other high school ach	ievements (include e	xtra-curricular activities and cor	nmunity service):	
12. List your work experience (if any) while attending high school:					
	Job Description	Employer	Dates of Employment	Hours/Week	
13.	0	Excerpts from the sch	ne future and why you wish to co nolarship recipients' remarks ma	•	
14.	14. A copy of your transcript and letters of recommendation from your high school Principal and two instructors endorsing your application and commenting on your academic performance and academic promise must be attached to this application.				

Signature _____

E-mail _____ Date _____

Send directly to the UWM Alumni Association at the above address.