

The LaVeve P Whetten Memorial Scholarship

Name _____ T Number _____
Phone Number _____ E-mail _____
Permanent Address _____
City _____ State _____ Zip Code _____
Class Rank (pick one): _____ Number of years attending SUU _____
Current Accumulative Grade Point Average _____ Anticipated year of graduation _____
Total College Credits Earned (College transfer credit must be included) _____
Major _____ Minor _____
Honors you have received (List previous awards & scholarships): _____

What are your professional objectives and goals for the future?

Discuss why you would make an outstanding *LaVeve P. Whetten Scholarship* recipient:

I verify that the information provided is accurate.

Signature _____

Date _____