

# Mary Beth Wedum Single Parent Scholarship Fund

J.A. Wedum Foundation

St. Cloud State University: Office of Student Life and Development

720 4<sup>th</sup> Avenue South

St. Cloud, MN 56301

## SCHOLARSHIP APPLICATION

Application packets must be received by April 1, 2015

All requested information must accompany this application

### Personal Information

Name:	
Student ID#:	
Date of Birth:	
Address:	City: State:
Email:	
Phone:	

### Educational Experience

University class status as of spring 2015:

Grade Level:	Circle One: Freshman / Sophomore / Junior / Senior / Graduate Student
Cum. GPA:	*If you are a New entering Freshman please put NA
Major:	
Minor:	

### Certification

I certify that the information on this application is true and correct, and if I am awarded a scholarship, I agree to send a thank you to the donor of the scholarship.

I acknowledge that the names of scholarship recipients are customarily publicly announced by the university. Please indicate below your preference if you are awarded this scholarship.

- \_\_\_ I give permission for my name to be published if I am awarded the Mary Beth Wedum Scholarship.
- \_\_\_ I do not give permission for my name to be published if I am awarded the Mary Beth Wedum Scholarship.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_