



**WHITNEY M. YOUNG SCHOLARS PROGRAM®
SCHOLARSHIP REQUEST FORM**

Name		
College/University		
Address where you would like your scholarship check mailed		
City/State/Zip		
Phone	Home	Cell
Email		
Did you graduate this semester?		
If yes, what degree did you earn? Include: Degree in Arts, Science, etc., Major, Honors (Magna Cum Laude, Summa Cum Laude, etc.)		
If no, what is your expected graduation date?		
Credit Hours Completed This Term _____ Term GPA _____ Credit Hours Enrolled For Next Term _____ If you are enrolled for less than 12 credit hours, you must provide documentation to prove that you are considered a full-time student at your college/university.		
Which academic term system does your school use?	<input type="checkbox"/> Semester <input type="checkbox"/> Trimester <input type="checkbox"/> Quarter <input type="checkbox"/> Other (Explain) _____	
Please attach the following required documents <input type="checkbox"/> Transcript/Grades <input type="checkbox"/> Schedule/Registration or Proof of Graduation		
Scholar Signature	Date	