



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

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