

The LaVeve P Whetten Memorial Scholarship

Name _____ T Number _____

Phone Number _____

Permanent Address _____

City _____ State _____ Zip Code _____

Class Rank (circle one): Freshman Sophomore Junior Senior

Number of years attending SUU _____

Current Accumulative Grade Point Average _____

Total College Credit 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 Whetten Scholarship recipient:

I verify that the information provided is accurate.

Signature _____