

2012 Application for UD scholarship

MUST BE SENT IN IMMEDIATELY TO COMPLETE REGISTRATION
Scholarship awards will be emailed by May 5th.

Student's Name _____

Student's School _____

UD Kids Session I II III

(Please circle week attending.)

Legal Guardian _____

Relationship to student _____

Email address _____

Yearly Gross income for legal guardian \$ _____

Total number of dependents _____

List any additional information to be considered.

Signature of Guardian _____

Date _____

Please return this form to:
Cheryl A. Werner, UD Kids Coordinator
University of Dubuque
2000 University Avenue
Dubuque, IA 52001-5099