

THE DEPARTMENT OF ENGLISH & CREATIVE WRITING

DR. RICHARD WHEELER MEMORIAL SCHOLARSHIP APPLICATION

| APPLICANT INFORMATION | | |
|---|--------------------------|--|
| Name | | ID# |
| Local Address | | <u>I</u> |
| Local Phone | | Email |
| ACADEMIC HISTORY | | |
| Hours Completed | GPA | Anticipated Date |
| At SUNY Oswego | | Of Graduation |
| Major(s) | 1 | Minor(s) |
| Semesters in Attendance at SUNY Oswego | Transfer Institution | (s) |
| REFERENCES List the names and phone number of the services, if necessary. Name | | embers who you feel know you well enough to serve as Phone Number |
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| | | |
| Awards/Honors/Extract | IDDICIII AD ACTIVITICS | |
| AWARDS/HONORS/EXTRACT | DRRICULAR ACTIVITIES | List any extracurricular activities in which you are |
| List any significant awards or honors you have received | | involved (include any leadership position held) |
| List any significant arraras or | nonors you have received | mrorrea (memae any teauersmp position near) |
| | | |
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| PERSONAL STATEMENT | | |
| | provide a short 200-wa | ord essay describing your objectives after |
| | | er information you feel should be considered in |
| evaluating your qualificati | | |
| cramanng your quangican | ons joi mis senomismp | • |
| Signature | | |
| Applicant's Signature | | Date |
| 5 | | |
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RETURN COMPLETED FORM TO THE DEPARTMENT OF ENGLISH & CREATIVE WRITING OFFICE 302 MARANO CAMPUS CENTER OR EMAIL IT TO SHANNON.CHILLSON@OSWEGO.EDU