



ART HISTORY CONTINUING STUDENT SCHOLARSHIP APPLICATION

NAME:			
ADDRESS:			
CITY:			STATE: ZIP:
CONCENT	RATION:		PHONE:
ANTICIPAT	TED GRADUAT	ION DATE:	
NEXT YEA	R ATTENDING:	FULL TIME o	orPART TIME (check one)
UID #:		WSU EMAIL:	
THIS	S PORTION IS 7	FO BE COMPLETH	ED BY ART HISTORY PROGRAM:
		# of prog. courses in progress (cross check	ked with student list above):
Art History		Tota	al Art History hours earned as of Fall semester:
		Cur	rent Art History hour registration:
		Tota	al Art History Hours:

COMMITTEE PORTION:

GPA:	Evaluator Initials:	\$
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