



WHITE EARTH SCHOLARSHIP PROGRAM

APPEALS APPLICATION

APPLICANT INFORMATION

First Name	
Last Name	
DOB	
Date of Appeal	
Address City, State ZIP Code	
Phone Number	
Email	

EDUCATIONAL QUESTIONNAIRE

Why are you submitting an appeal? Have you appealed to WESP in the past?

****Note:** If applying due to medical circumstances, documentation signed by your physician must be attached.

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If approved, how would you continue with your post-secondary education goals?

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After graduation what are plans and/or goals?

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Do you have any additional information you would like to add?

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AGREEMENT

By submitting this application, you authorize White Earth Scholarship Program to present all documentation to the WE Advisory Board.

Applicant Signature		Date	
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WESP ADVISORY BOARD USE ONLY

<input type="checkbox"/> Approved	<input type="checkbox"/> Disapproved	Date: _____	Signature: _____
Signature: _____			Signature: _____
Signature: _____			Signature: _____