

WIU Math Scholarship Application Form for Continuing Students

Student's Name: _____

Student's Last 4 Digits of WIU ID: _____

Please provide the names of two faculty members you have asked to submit a letter of support (at least one must be a WIU mathematics faculty member) _____

Please provide a brief statement of your career goals: _____

Describe any campus/community activities in which you are or have been involved: _____

List any honors or awards you have received _____

Student Signature: _____ **Date:** _____

Mail to: Department of Mathematics and Philosophy
1 University Circle
Macomb, IL 61455

or scan and email to: mathphil@wiu.edu