



## Law Enforcement Scholarship – Dependent Verification Form

### Wayland Student Information:

Name of Student: \_\_\_\_\_

Student WBU ID: \_\_\_\_\_

Academic Year: \_\_\_\_\_

Academic Program: \_\_\_\_\_

*(\*\*PLEASE indicate by choosing one)*

Status: *Degreed*    *Grad*    *Undergrad*

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