



Employee Scholarship Application Form - Doctorate

Name: \_\_\_\_\_ PC ID: \_\_\_\_\_

WBU Position/Title: \_\_\_\_\_

WBU Email: \_\_\_\_\_ Contact Phone Number: \_\_\_\_\_

Undergraduate degree in: \_\_\_\_\_

Cumulative GPA: \_\_\_\_\_

Master's degree in \_\_\_\_\_

Cumulative GPA: \_\_\_\_\_

Doctoral Program to which you've applied/been accepted \_\_\_\_\_

Date (term or session) in which you plan to begin pursuit of above degree: \_\_\_\_\_

Reason for Pursuing a Doctoral Degree (Briefly explain why you are pursuing a doctoral degree and how it aligns with your career goals, particularly as those goals relate to Wayland.):

I acknowledge that the information provided in this application is accurate and complete. I understand that only one doctoral scholarship will be given at a time, and that this scholarship is subject to review and approval by the scholarship committee. /

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Submit completed form to Office of Vice President of Academic Affairs.