

Lifetime Experience Grant

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| Proposal Title |  |
| Student Name |  |
| WKU 800-Number |  |
| Majors(s) |  |
| Minor(s) |  |
| Permanent Address |  |
| Campus Address |  |
| Telephone |  |
| Email |  |
| Faculty Mentor |  |
| Faculty Mentor Email |  |
|  |
| **INTENDED TERM OF USE**Academic Year: Winter Spring Summer Fall  |

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| What are your educational and professional aspirations? How will this experience assist you in achieving your goals?  |
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| Please list any national or international scholarships for which you plan to apply.  |
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By initialing here, I give the Office of Scholar Development and the Lifetime Experience Grant Selection Committee permission to access and review my WKU transcript: \_\_\_.