Applicant Information

WACUBO Scholarship Application

Your respective consitutient committee will evaluate scholarship applications and make awards based on the established scholarship program goals (e.g., increase participation at new member institutions) and the application materials.
Please review the scholarship eligibility criteria and additional information available **here**.

Name *

Prefix | First Name | Middle Name | Last Name

Job Title*

Institution*

Email

Main*

Phone

Main*

I have applied for a scholarship previously*

- ◯ Yes
- ◯ No

Please select your Constituent Group based on the following categories; if you work for a system's office, kindly select the constituent group that aligns most closely with your system:

- **Small Institutions** – Four year public and private independent institutions with full-time enrollment of 4,000 or less
- **Community Colleges** – Two-year public institutions
- **CDRIC** | *Encompasses*
  - **Comprehensive/Doctoral** – Four year public and independent institutions with full-time enrollment over 4,000. Carnegie categories – Baccalaureate, Masters or Doctoral
  - **Research Institutions** – Public or independent research universities and medical schools/centers. Carnegie categories – Research Universities High and Research Universities Very High

Constituent Group*

- ◯ CDRIC
- ◯ Small Institutions
- ◯ Community Colleges

I would like to apply for a scholarship for:*

- ◯ Women's Leadership Forum
- ◯ Annual Conference
- ◯ Business Management Institute

- [ ] Fall Worshop

How long have you been at your current position?*

How long have you been employed in higher education?*

Describe your job duties. (100 words)*

Where do you see your career in five years and how will your attendance at this event help you achieve that goal? (200 words or less)*

10. How will you use or share the knowledge from this event when you return to your campus? (100 words)*

Agreement and Signature

This scholarship typically funds the registration fee for the event to which you are applying. If you are selected for a scholarship, will your institution fund the remaining expenses?*

- ( ) If selected to receive a scholarship, I confirm my institution will cover remaining expenses.

Institution informed*

- ( ) I have informed my institution of application for scholarship.

Enter your name below to approve your application by electronic signature:*