



## 1. Personal Information

Name _____	<input type="checkbox"/> Male <input type="checkbox"/> Female	
<small>Last Family Name</small>	<small>First Given Name</small>	
DOB (mm/dd/yy) _____	Year of Admission _____	<input type="checkbox"/> Spring <input type="checkbox"/> Spring-Flex <input type="checkbox"/> Summer
		<input type="checkbox"/> Fall <input type="checkbox"/> Fall-Flex <input type="checkbox"/> Winter
<input type="checkbox"/> Degree Program	<input type="checkbox"/> Non-Degree Program	
<input type="checkbox"/> ESL <input type="checkbox"/> Undergraduate _____	<input type="checkbox"/> Graduate _____	<input type="checkbox"/> Doctor _____
Student ID No. _____	Contact Phone Number _____	
E-mail Address _____		
Personal Condition		
<input type="checkbox"/> Two or more your immediate family members register as full-time students:		
_____		
<input type="checkbox"/> Full-time or full-time equivalent faculty or staff who has worked at WUV for more than 4 month		
<input type="checkbox"/> An ordained pastor		
<input type="checkbox"/> Immediate, unmarried family members, who are under 30 years of age or spouse of an active pastor		
<input type="checkbox"/> Active missionaries or those who have spent more than 7 years in missions		
<input type="checkbox"/> The selected student association (leadership)		
<input type="checkbox"/> A student who applies for a work-study program		
<input type="checkbox"/> A student who has a disability certified by any government		
<input type="checkbox"/> Other _____		

## 2. Student Information

GPA \_\_\_\_\_  Full-time  Part-time

## 3. Eligibility Requirements

Important: attach copies of the following documents to this application

- Transcript
- Legal family record to prove the immediate family relationship
- A copy of Certificate of Ordainment and resume
- A copy of Certificate of Missionary and his/her resume
- A Certified copy of his/her disability
- Other \_\_\_\_\_

Merit requirements: Full-time students

## 4. Scholarship Regulations

Students must submit the appropriate scholarship application with required documents and follow the WUV scholarship policies and procedures each semester.

I have read and agree with the notice above

Signature (required) \_\_\_\_\_ Date \_\_\_\_\_