UNIVERSITY OF WISCONSIN-SUPERIOR ALUMNI ASSOCIATION

Old Main, Room 237
Belknap & Catlin, P.O. Box 2000, Superior, WI 54880-4500
(715) 394-8593 or 888-893-8593

RAE JOHNSON SCHOLARSHIP APPLICATION

CONFIDENTIAL

Name of Applicant _____
First Middle Last

Address _____

Telephone Number (___)_____ Student ID No. _____

GPA from Education Courses _____

In the space below, indicate any co-curricular activities that you have participated in while attending UW-Superior, offices held or honors earned.

_____
_____
_____

Do you work outside your home? _____

If yes, please provide employer's name and address in the space below.

Employer's Name _____

Type of Work _____

1. Please attach to this application your answers to the following questions:
   a. What is the greatest problem facing elementary school student today?
   b. What would you do to resolve this problem?

2. Applicant must attach to this application his/her most recent official college transcript, which includes GPA.

3. Applicant must attach one letter of recommendation from a professor or advisor in the Teacher Education Department.

I attest that all information on this application is true and correct to the best of my knowledge and I grant permission to use my name in news releases and other publicity regarding this scholarship.

_____ _____
Signature of Applicant Date