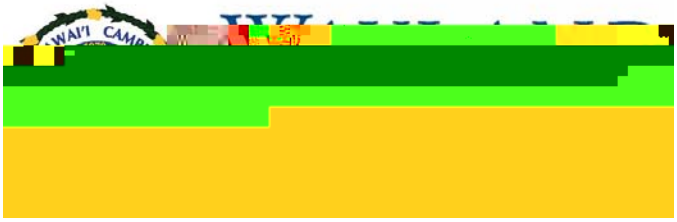

Law Enforcement Scholarship – Dependent Verification Form

Wayland Student Information:

Name of Student:_____

Student WBU ID:_____

Academic Year: _____

Academic Program:_____

*(**PLEASE indicate by choosing one)*

Status: *Degreed* ☐ *Grad* ☐ *Undergrad* ☐ *Audit* ☐ *Concurrent* ☐

Police Officer Information:

Name of Police Officer:_____

Relationship to Wayland Student:_____

We verify that the above information is correct and that we meet the scholarship conditions.

_____ _____

WBU Student Signature ***(Required)*** Date

_____ _____

Police Officer Signature ***(Required)*** Date