



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