

Worcester Institute for Senior Education

Scholarship Request for _____ - _____ Academic Year

I, the undersigned, wish to join WISE but am unable to pay the full membership fee.

I understand that a limited number of partial scholarships are available toward the membership fee and are for only one year.

I would like to be a member of WISE because:

I am requesting that a scholarship be granted to me for:

\$_____ for Full-year membership _____ (I agree to pay the balance due \$_____)

Signature Date: _____

Address: _____
Print Name

Phone & Email _____

For current membership fees & balance amounts contact WISE at 508-767-7513
Submit request to: WISE/Assumption College, 500 Salisbury St., Worcester, MA 01609
Email: wise@assumption.edu

You will be informed by letter of the amount of the scholarship with instructions for registering for courses. Your privacy regarding this scholarship request will be maintained.

SCHOLARSHIP: APPROVED or NOT APPROVED: (circle)

WISE Treasurer: _____

WISE President: _____

DATE: _____