

WEBER STATE UNIVERSITY  
CHILD & FAMILY STUDIES DEPARTMENT  
SCHOLARSHIP APPLICATION  
RICHARD & ELAINE BIRD SCHOLARSHIP

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**BIRD SCHOLARSHIP QUALIFICATIONS**

1. Must be a declared major in Family Studies, Early Childhood Education or Early Childhood.
  2. Full-time Junior or Senior status.
  3. Demonstrate financial need.
  4. Obtain a cumulative GPA of 3.0 or above.
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**APPLICATION IS DUE MARCH 23, 2009  
PLEASE RETURN TO ED204 or ED248**

**Application must be complete, reference letters received, to be considered.**



WEBER STATE UNIVERSITY  
RICHARD & ELAINE BIRD  
SCHOLARSHIP APPLICATION FORM



PLEASE PRINT OR TYPE APPLICATION

Name: \_\_\_\_\_  
Last First Initial ID#

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_  
(Area Code) (Number)

Email: \_\_\_\_\_

Declared Major Within Department of CHF: \_\_\_\_\_  
(Must be officially declared with Registrar)

How long have you been enrolled at WSU? \_\_\_\_\_

Cumulative GPA: \_\_\_\_\_ Hours completed: \_\_\_\_\_

\_\_\_\_\_ Two (2) required reference letters requested **outside the CHF department**; professional references preferred  
\_\_\_\_\_ copy of transcript  
\_\_\_\_\_ essay responses to questions below

Please answer the following 4 questions in detail and attach responses to this application form.

1. **FINANCIAL NEED:** Describe your financial need, why you should be selected for this scholarship, and how this scholarship would help you with your education goals.
2. **LEADERSHIP:** Indicate officership in campus, community, or church organizations; as well as any other leadership roles.
3. **SCHOLARSHIPS:** List any academic awards you have received as well as any published papers and professional presentations
4. **CAMPUS/COMMUNITY SERVICE:** Please indicate any activities or events on campus or in the community in which you have been involved, give details.

**WEBER STATE UNIVERSITY  
CHILD AND FAMILY STUDIES  
SCHOLARSHIP APPLICATION REFERENCE**

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**Letters of Reference MUST be outside the department of Child and Family Studies**

Dear Faculty Member OR Professional,

Please send your confidential evaluation, on this form or your own, of the undersigned CHF Department Scholarship applicant addressing his/her accomplishments and potential for making a significant professional contribution. Send to Darcy Gregg, MC 1301.

Name: \_\_\_\_\_

ID#: \_\_\_\_\_

Date: \_\_\_\_\_

Signed: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

**WEBER STATE UNIVERSITY  
CHILD AND FAMILY STUDIES  
SCHOLARSHIP APPLICATION REFERENCE**

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Date: \_\_\_\_\_

Signed: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_