

WAYNE STATE UNIVERSITY

DIVISION OF
ACADEMIC AFFAIRS
STUDENT DISABILITY SERVICES

ROBERT OSWALD CORK SCHOLARSHIP APPLICATION

NAME _____ WSU STUDENT ID _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

E-MAIL ADDRESS _____

HOME PHONE _____

CELL PHONE _____

DOCUMENTED DISABILITY _____

I, the undersigned, hereby authorize release/exchange of information to the Student Disability Services Scholarship Committee.

Signature _____ Date _____