American Fisheries Society

Wisconsin Chapter

Scholarship Application Form

Name: _____

College or University: _____

Address: _____City/State _____Zip_____

Tel.: ( ) _____ E-Mail: _____

Major: _____ Year of planned completion: _____

Are you a member of the Wisconsin Chapter? Yes ___ No ___

[You must be a member to be eligible for these scholarships. Student memberships are free. Go here to become a member.]

Scholarship that you are applying for:

___Carroll Norden Memorial Scholarship
___Tim Kroeff Fisheries Scholarship
___both

Please include:
1) This completed application form
2) A curriculum list that emphasizes fisheries or aquatic related courses (one-page maximum)
3) A statement of professional goals, accomplishments, and involvement in fisheries-related activities
4) Employment history related to fisheries (one-page maximum)
5) A supporting statement (letter of recommendation) from a college or university staff member or past employer

Submit Application to Scholarship Committee by **December 15** via email to tammie.paoli@wisconsin.gov