

American Fisheries Society
Wisconsin Chapter
Carroll Norden Memorial Scholarship Application

Name: _____

College or University: _____

Address: _____ City/State _____ Zip _____

Tel.: () _____ E-Mail: _____

Major: _____ Year Completed: _____

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

Please include:

- 1) Completed Application Form
- 2) A one-page maximum curriculum list emphasizing fisheries related courses
- 3) A statement of professional goals and accomplishments
- 4) Employment history related to fisheries
- 5) A supporting statement (letter of recommendation) from a university staff member or past employer

Submit Application to:

Peter M. Segerson
Chair, Scholarship Committee
Wisconsin DNR
910 Hwy 54 East
Black River Falls, WI 54615
(715) 284-1447
Peter.Segerson@wisconsin.gov

Deadline for Receipt: November 15

Faxed copies will not be accepted