

# WILL (women's initiative for learning and leadership) at Winona State University, Winona, Minnesota

## application

NAME OF APPLICANT \_\_\_\_\_

PERMANENT ADDRESS \_\_\_\_\_

TELEPHONE \_\_\_\_\_

EMAIL \_\_\_\_\_

CAMPUS ADDRESS \_\_\_\_\_

High School activities and honors \_\_\_\_\_

College activities and honors \_\_\_\_\_

Why do you want to join WILL?

The information above is accurate.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

RETURN APPLICATION TO: WILL Program  
Winona State University  
326 Minne  
Winona, MN 55987  
507-457-5460