

**CHARLES HAYNIE AWARD  
APPLICATION FORM**

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_

UB PERSON NUMBER: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

MAJOR(S): \_\_\_\_\_

MINOR(S): \_\_\_\_\_

TOTAL CREDITS COMPLETED: \_\_\_\_\_

UB GPA: \_\_\_\_\_

EXPECTED DATE OF GRADUATION: \_\_\_\_\_