



# SCHOLARSHIP APPLICATION

APPLETON BRANCH

## A. STUDENT INFORMATION

Name \_\_\_\_\_ Birth date \_\_\_\_\_

Home address \_\_\_\_\_ Phone \_\_\_\_\_

Current address \_\_\_\_\_ Email \_\_\_\_\_

High School \_\_\_\_\_ Year graduated \_\_\_\_\_

School currently attending \_\_\_\_\_

School attending next year \_\_\_\_\_

Class level next year (JR, SR, Graduate, Post-grad) \_\_\_\_\_

## B. ACADEMIC INFORMATION

Cumulative GPA \_\_\_\_\_ Intended degree \_\_\_\_\_

Anticipated date of graduation \_\_\_\_\_ Enrolled full time? Yes \_\_\_\_\_ No \_\_\_\_\_

Scholastic honors received \_\_\_\_\_

## C. FINANCIAL INFORMATION

1. Will you be declared as a dependent on another individual's tax form in the current calendar year?

Yes \_\_\_\_\_ No \_\_\_\_\_

If NO, skip to question 2.

IF YES, complete the following indicating for whom you will be a dependent:

\_\_\_\_\_ Parent: Father's occupation \_\_\_\_\_ Employer \_\_\_\_\_

\_\_\_\_\_ Mother's occupation \_\_\_\_\_ Employer \_\_\_\_\_

\_\_\_\_\_ Spouse: Spouse's occupation \_\_\_\_\_ Employer \_\_\_\_\_

Total number of dependents to be claimed on their tax form \_\_\_\_\_

Are any of those dependents also in college? Yes \_\_\_\_\_ No \_\_\_\_\_ How many? \_\_\_\_\_

Check the box below for the combined gross income of parents OR applicant & spouse:

\$20-35,000 \_\_\_\_\_ \$35-50,000 \_\_\_\_\_ \$50-75,000 \_\_\_\_\_ \$75-100,000 \_\_\_\_\_ More than \$100,000 \_\_\_\_\_

Other assets: Own home? Yes \_\_\_\_\_ No \_\_\_\_\_ Value & mortgage balance? \_\_\_\_\_

Stock portfolio, real estate, savings? \_\_\_\_\_

2. COMPLETE THE FOLLOWING if you plan to claim yourself on the current year's tax form.

Will you be totally self-supporting? Yes \_\_\_\_\_ No \_\_\_\_\_ Source of Income \_\_\_\_\_

Your last year's gross income from tax form \_\_\_\_\_ Source of income \_\_\_\_\_

3. Scholarships, grants & loans you have received in the past (include value) \_\_\_\_\_

4. Personal assets (savings, investments, etc.) \_\_\_\_\_

5. Did you apply for financial aid at the school you will be attending? Yes \_\_\_\_\_ No \_\_\_\_\_

FOLLOWING SECTION MUST BE COMPLETED BY FINANCIAL AID OFFICE	
Anticipated cost of educational expense _____	living expenses _____
Other expenses _____	Total anticipated expenses _____
Total anticipated ability to pay (income, assets, loans, scholarships) _____	
Computed financial need _____	
OFFICIAL STAMP AND SIGNATURE OF FINANCIAL AID OFFICER	
SIGNATURE _____	DATE _____

D. List any extracurricular and community service activities including your length of involvement.

E. ESSAY

Write an essay, 250 words or less, explaining your professional goals and how you plan to use your education.

Attach your essay to this application.

F. SIGNATURE \_\_\_\_\_ Date \_\_\_\_\_

A COMPLETE APPLICATION PACKET MUST BE RETURNED TO THE EDUCATIONAL FOUNDATION CHAIR

LISTED ON THE COVER LETTER BY APRIL 15, 2020.