



Scholarship Application  
PO Box 837  
Eau Claire, WI 54702  
715-876-6400



### Applicant Information

Applicant Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Current High School/College: \_\_\_\_\_

GPA : \_\_\_\_\_ Please enclose previous year transcript.

Parent/Guadian's Name(s): \_\_\_\_\_

### Educational Plans:

Major/Minor: \_\_\_\_\_

Please enclose an assurance of enrollment such as; class schedule, acceptance letter, etc...

Please list any activities, volunteer work and awards/certificates you have received in the past.

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\_\_\_\_\_

Please explain in a paragraph or so why you chose the above field(s) of study and what your future goals and aspirations are.

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\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date