



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.

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

Applicant Signature

Date