

## **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):	
Ec	ducational Plans:
Major/Minor:	
Please enclose an assurance of enrollment such as; cl	lass schedule, acceptace 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 t	he above field(s) of study and what your future goals and aspirations are.
Applicant Signature	