

WAMEGO COMMUNITY FOUNDATION

HIGH SCHOOL SCHOLARSHIP APPLICATION

(Note: If filling out this form using Adobe Acrobat, you must hit the Tab key to go to the next line.)

A. CHECK SCHOLARSHIPS YOU ARE APPLYING FOR:

- | | |
|---|--|
| <input type="checkbox"/> Carl Ray Fulmer Memorial Scholarship*# | <input type="checkbox"/> John Lawless Memorial Scholarship* |
| <input type="checkbox"/> Class of 2005 Scholarship# | <input type="checkbox"/> Kevin Dekat Memorial Jazz Scholarship* |
| <input type="checkbox"/> Gaylord Belton Memorial Scholarship* | <input type="checkbox"/> Rebecca Sester Memorial Scholarship# |
| <input type="checkbox"/> Gus Hildebrand Memorial Scholarship* | <input type="checkbox"/> Teresa Ann Siebert Memorial Scholarship*# |
| <input type="checkbox"/> Helm Sisters Memorial Scholarship* | <input type="checkbox"/> Wamego City Hospital Scholarship |
| <input type="checkbox"/> Hilliard Family Memorial Scholarship | <input type="checkbox"/> Wamego Telephone Company Scholarship* |
| <input type="checkbox"/> Jeff Birney (Fox) Memorial Scholarship#+ | |

* Financial need application is required (page 3)

Essay is required

+ Special application is required

B. PERSONAL INFORMATION:

Student's Name: _____
Address: _____
City/State/Zip: _____
Home Phone: _____ SSN: _____ E-mail: _____
Parent/Guardian Name(s): _____

C. HIGH SCHOOL INFORMATION:

GPA: _____ ACT: _____ Class Rank: _____
High School Attended: _____
High School Address: _____
High School Phone: _____

Counselor's Signature _____ Date: _____

D. POST-SECONDARY INFORMATION:

Proposed Post-Secondary Program of Study: _____
Proposed Post-Secondary School: _____

E. LIST THREE REFERENCES:

Name: _____
Address: _____
Phone: _____ E-mail: _____
Position: _____ Relationship to You: _____

Name: _____
Address: _____
Phone: _____ E-mail: _____
Position: _____ Relationship to You: _____

Name: _____
Address: _____
Phone: _____ E-mail: _____
Position: _____ Relationship to You: _____

