

GFWC WI SOUTHERN PRAIRIES HEALTH SCHOLARSHIP
SCHOLARSHIP FOR GRADUATING HIGH SCHOOL SENIORS

APPLICATION FORM

NAME _____

ADDRESS _____ CITY _____ ZIP _____

PHONE _____ DATE OF BIRTH _____

MOTHER'S NAME _____ OCCUPATION _____

ADDRESS _____ CITY _____ ZIP _____

PHONE _____

FATHER'S NAME _____ OCCUPATION _____

ADDRESS _____ CITY _____ ZIP _____

(if different)

PHONE _____

OTHER FAMILY MEMBERS (Names and Ages) _____

CURRENT HIGH SCHOOL _____

On separate sheets of paper, submit the following:

1. Grade Transcripts
2. Academic Achievements, Awards, Honors, etc.
3. Personal Statement: A minimum of 250 typewritten words incorporating your plans for the future, including academic majors and other areas of study you intend to pursue in higher education.
4. Financial Need: Include a typewritten statement incorporating your need for financial support. Include any part-time employment you have held in order to raise funds for your education and any scholarships or other financial aid already awarded to you.
5. Character and Values: Include at least two letters of recommendation from your counselors, employers, clergy, teachers, etc. (exclude relatives). List any volunteer services you have performed.

PLEASE MAIL YOUR APPLICATION TO:

GFWC-WI SOUTHERN PRAIRIES DISTRICT
C/O Gail Gillmore, Scholarship Chair
10010 160th Avenue
Bristol, WI 53104-9618
(262) 857-2420

APPLICATION DEADLINE IS MARCH 15, 2013 _____ 2014 _____ (check year)