



# Wings Over Wisconsin

Southwest Chapter

P.O. Box 619

Platteville, WI 53818

## SCHOLARSHIP APPLICATION FORM

Name: \_\_\_\_\_ Year of Graduation: \_\_\_\_\_

Address: \_\_\_\_\_ City/ST/Zip \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Phone: \_\_\_\_\_

High School: \_\_\_\_\_ Guidance Counselor Name: \_\_\_\_\_

Guidance Counselor Email Address: \_\_\_\_\_

College or University You Plan to Attend: \_\_\_\_\_

Course of Study You Plan to Pursue: \_\_\_\_\_

Interests and Hobbies: \_\_\_\_\_

\_\_\_\_\_

### Organizations You Were/Are A Member of:

\_\_\_\_\_ Years \_\_\_\_\_ Offices Held \_\_\_\_\_

\_\_\_\_\_ Years \_\_\_\_\_ Offices Held \_\_\_\_\_

\_\_\_\_\_ Years \_\_\_\_\_ Offices Held \_\_\_\_\_

### Work Experience, Volunteerism, and Other Related Activities:

\_\_\_\_\_ Year \_\_\_\_\_

\_\_\_\_\_ Year \_\_\_\_\_

\_\_\_\_\_ Year \_\_\_\_\_

### Career Goal:

\_\_\_\_\_

### Statement of Financial Need:

\_\_\_\_\_

Attachments: Proof of enrollment: Y/N # of References: \_\_\_\_ Transcript of Credits: Y/N

I certify that the information I have provided on this form is true and accurate to the best of my knowledge.

Date: \_\_\_\_\_ (Signature)