**Educational Foundation of Waupun, Inc.
Scholarship Application**

**Deadline**: April 15

**Attach high school transcript to this application.**

**Name**:

**Phone #:**       **Email:**

**Name of parent or guardian**:

**Occupation(s)**:

**Sibling(s)**:

**Phone # Mother**:       **Phone # Father**:

**Permanent Address**:

**School name**:

**List any school extra-curricular activities with dates of involvement:**

**List any community extra-curricular or volunteer activities with dates of involvement:**

**List any positions of employment you have had during the past two years:**

**Do you have any special financial need? Please explain:**

**Institute of higher learning in which you will enroll:**

**Address of school:**

**Field of study you plan to pursue:**

What does a Post-Secondary Education Mean to YOU?

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_