

# **WEBBERVILLE EDUCATION ASSOCIATION SCHOLARSHIP**

## **APPLICATION FORM**

Completed applications and required forms should be returned to Ms. Vassilakos by **March 19<sup>th</sup>, 2010**. All material that is submitted must arrive in one package.

Any material that is submitted separately will not be accepted.

Incomplete applications will not be accepted, nor will any material be returned.

NAME \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY, STATE, ZIP CODE \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_

### HIGH SCHOOL

GRADE POINT AVERAGE \_\_\_\_\_

CLASS RANK \_\_\_\_\_

### SCHOOL ACTIVITIES

Describe your duties and years involved. Use included space or an additional sheet as necessary.

<b>ACTIVITY/HONORS</b>	<b>YEARS INVOLVED AND DUTIES/RESPONSIBILITIES</b>
Student Council	
Class Officer	
National Honor Society	
School Publications	
School-Related Clubs	
School Sports Teams	
Academic Honors	
Local/National Honors	
Other Honors	

## EMPLOYMENT HISTORY

Attach an employment history, indicating any jobs you have held outside the home for one month or longer during the last three years. Include duties and responsibilities, and the average number of hours worked per week for each job.

## SENIOR PICTURE

Please attach a copy of your senior picture if you have one available.

## APPLICANT'S LETTER

In an accompanying letter, briefly describe your educational and career goals and describe, in your own words, the attributes of a successful college student.

The letter shall be:

No more than two typed pages

Single side

Double spaced

Using a font in 10 or 12 point.

## APPLICANT AUTHORIZATION

I certify that all statements contained herein are true and made in good faith. I understand that the selection of scholarship winners and the determination of the amount of the scholarship will be administered by the Webberville Area Scholarship Foundation.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

## PARENT/GUARDIAN AUTHORIZATION

Name \_\_\_\_\_

Street Address \_\_\_\_\_

City/State/Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_

I authorize the release of this information and the participation of \_\_\_\_\_  
in the Webberville Area Scholarship Foundation.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

## PRINCIPAL/COUNSELOR AUTHORIZATION

Name \_\_\_\_\_ Date \_\_\_\_\_

I have reviewed the application and certify that the information is correct, and to the best of my knowledge, the applicant has applied for admission to an accredited U.S. post-secondary institution.

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

## CHECKLIST

Please ensure the following are completed and/or enclosed:

_____ Name Section	_____ Applicant Letter
_____ High School Section	_____ High School Transcript
_____ School Activities Section	_____ Applicant Signature
_____ Employment History	_____ Parent/Guardian Signature
_____ Community Service History	_____ Principal/Counselor Signature

**Winners will be notified at Awards Night. The committee's decision is final.  
Questions can be directed to Mr. Smith in the counseling of fice.**

