Scholarship Application Form

Community FOUNDATION of CENTRAL WISCONSIN

Date: _____

NAME OF SCHOLARSHIP: _____

STUDENT INFORMATION - (Please type in the provided fields and then print, or print legibly and fill out by hand using black ink.)

First Name: _____ M.I.: ____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____ Date of Birth: _____

Email: _____

SCHOOL INFORMATION

Name of current High School you attend: _____ Date of Graduation: _____

Have you attended this school all 4 years? ☐ YES ☐ NO Current GPA: _____

If no, where else have you attended school? _____

School which you plan to attend: _____

Major/Field of study: _____

FINANCIAL INFORMATION

Have you received any other scholarships or financial aid for the upcoming school year? ☐ YES ☐ NO

If yes, how much financial aid will you be receiving? $_____

List all scholarships, awards or aid: _____

_____

_____

***Please be sure to include all the required documentation from the Scholarship Submission Requirements page.**

I hereby agree to all the above criteria and I certify that all information for this scholarship application is true to the best of my knowledge. I understand that all decisions are final and not subject to review or appeal. I further understand that any information provided in this and other application forms may be shared with committee members of the sponsoring scholarship.

Student Signature: _____ Date: _____

Parent Signature: (if under 18 years of age) _____ Date: _____

1501 CLARK STREET, STEVENS POINT, WI 54481
PHONE: 715-342-4454 / FAX: 715-342-5560 EMAIL: foundation@cfcwi.org WEBSITE: www.cfcwi.org