

JOSEPH B. SCHROCK, M.D., MEMORIAL SCHOLARSHIP APPLICATION

A component of the Community Foundation of Southern Wisconsin, Inc.

Name _____ Home Phone: _____

(last) (first) (middle) E-mail: _____

Home Address _____ Soc. Sec. _____

(street) (city) (zip)

Primary Parent/Guardian's Name _____ Daytime Phone: _____

Primary Parent/Guardian's Address _____ Employer: _____

Second Parent/Guardian's Name _____ Daytime Phone: _____

Second Parent/Guardian's Address _____ Employer: _____

No. of Children in Family _____ No. of Children Living at Home _____ In College next year _____

High School Attending (ed) _____ Yr. of Graduation _____

College/University you plan to attend next year. (Should you change your school choice or decide not to go on to school, please notify us).

NAME OF CAMPUS CITY, STATE APPLIED? ACCEPTED? APPLIED FOR FINANCIAL AID?

What are the estimated costs for your next year at school? (Tuition, Fees, Books) _____ (Room & Board) _____

How do you plan to finance this total? _____

What is your proposed major field or interest area? _____

What type of job do you plan to pursue upon completion of college? _____

List your out-of-school activities (such as YMCA, 4-H, etc.). _____

List any high school activities and any special honors or awards you have received. _____

List work experiences and dates. _____

Parent approval of application being used by scholarship committees and released to news media:

(Parent/Guardian's Signature)

DEADLINE: March 1st
Please return this application to Guidance Department.

Joseph B. Schrock, M.D., Memorial Scholarship Fund

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SCHOLARSHIP GUIDELINES

Established to provide for post high school musical and/or health related educational opportunities for young people from Elkhorn and/or Walworth, WI.

ELIGIBILITY:

Student should be in the top 50% of the class ranking and preference may be given for financial need, but is not a restriction.

APPLICATION PROCEDURE: (Incomplete applications will not be considered)

1. Complete the application.
2. Attach your high school transcripts.
3. Complete and attach the scholarship application financial form.
4. Attach essay answering the question "How have you demonstrated community service of a significant nature?" and write a short paragraph stating your career goals.

DEADLINE:

All required documents should be filed with the guidance office no later than March 1st of the graduating year.

Community Foundation of Southern Wisconsin, Inc Scholarship Application Financial Form

Student's Name: _____

1. Total 2008 household income: ___ Less than \$20,000 ___ \$20,000 to \$50,000
 ___ \$50,000 to \$80,000 ___ \$80,000 to \$100,000
 ___ Over \$100,000

2. Total number in family living in same household (including yourself): _____

3. Are there any unusual family expenses? If so, explain: _____

4. How will you finance your post high school education? (Check all that apply)

Parents _____ Summer Job _____ Part-Time work while in school _____
Student Loans _____ Other (specify) _____

5. Amount saved for further education? _____

6. Amount you can expect from parents/other sources per year?: _____

7. List other scholarships received: _____

8. Would you be financially able to attend college without the aid of this type of scholarship? _____ If no, explain: _____

Certification: All of the information on this form is true and complete to the best of my knowledge.

STUDENT'S SIGNATURE _____

FATHER'S OR GUARDIAN'S SIGNATURE _____

MOTHER'S OR GUARDIAN'S SIGNATURE _____

DATE: _____