



Jacob Wheeler Foundation

P.O. Box 3883, Butte, Montana 59702
www.jacobwheelerfoundation.com

Scholarship Application 2016-2017

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|--------------------------------------------------------|--|------------------------------------|--|
| Contact Information: | | | |
| Name: | | | |
| Address: | | | |
| Phone: | | Email Address: | |
| School Information: | | | |
| High School: | | GPA (4.0 scale): | |
| College you plan to attend: | | | |
| Getting to Know You: | | | |
| <i>Extracurricular activities (i.e. clubs/sports):</i> | | <i>Reference and phone number:</i> | |
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| <i>Out of school activities (i.e. volunteering):</i> | | <i>Reference and phone number:</i> | |
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| <i>Favorite class and why:</i> | | | |
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| <i>Most memorable experience in high school:</i> | | | |
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I certify to the best of my knowledge and belief that the information on this form is correct.

Signature
JWF_scholarshipapplication_02-2017

Date