

Do Not Write in this Space

2017 LOCAL SCHOLARSHIP APPLICATION

Class Rank _____

GPA unweighted _____

GPA weighted _____

ACT Comp _____

Name _____ Student Email _____
(Last) (First) (Initial)

Address _____ City _____ Zip _____ Student ID# _____

Parent/Home Telephone Number: _____ Student Cell Number: _____ Counselor _____

****COLLEGES YOU WERE ACCEPTED TO:**

_____	Plan To Attend:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	Plan To Attend:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	Plan To Attend:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	Plan To Attend:	<input type="checkbox"/> Yes	<input type="checkbox"/> No

****Intended Major:**

Local Elementary School Attended & Number of Years Attended: _____

Local Middle School Attended & Number of Years

Attended: _____

Father: _____ Employer: _____

Mother: _____ Employer: _____

Did Either Parent Attend College/University/Technical College? Yes No (Some scholarships are for first generation college/university/technical college.)

Parents: _____ Divorced _____ Separated _____ Deceased You live with _____

Brothers and/or Sisters Living at Home

Name:	Age:	School / Occupation	Name:	Age:	School / Occupation
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Parents' Financial Statement from Previous Tax Year Federal Tax Form

Parents' Financial Statement from 2015 Federal Tax Return (2015 is used to gather information as many may not have completed their 2016 taxes prior to the due date of this application. This way we are comparing the same information for all.) If you filed a Joint Tax Return use the Adjusted Gross Income (AGI) you submitted to the IRS, even if it included step-parents. In the "changes in parents' income level" section, please include a statement regarding any unusual expenses due to medical, disability, and/or employment, etc.

Custodial Parents' AGI: \$ _____ Non-Taxable Income: \$ _____ From: Social Security 529 Account Child Support

Student's Savings: _____ Non-Custodial Parents' AGI: \$ _____ Total number of family members living at home: _____

Number of dependents in your parents' family/home (excluding you) _____ Number attending college _____

Please specify any changes in parents' income level due to medical disability, employment or other:

Student Activity Profile

Extra-Curricular Activities	Grade Participated and # of Years	Leadership Positions

Awards / Year Presented	Awards / Year Presented (cont.)

Community Activities	# Years Participated	# Hours Committed	Leadership Positions

Work Experience/Position	Dates of Employment

Disclaimer and Signature

In order to respect the rights of all students, it shall be the policy of the Sheboygan Area School District to insure that no student will be excluded from, denied the benefits of, or be subjected to discrimination under the school's educational program or activities, or on the basis of ancestry, creed, physical, mental, emotional, or learning disability, marital or parental status, national origin, pregnancy, race, sex, or sexual orientation.

Recipient of a scholarship must be enrolled full time (12 credits or more) and attending an institution of higher education by October 15 following graduation. The award is conditioned upon applicants satisfying certain criteria, to include in some instances restrictions upon the location of the college or university, which the applicant will attend. The selection committee must be advised of any change concerning the college or university at which an applicant intends to enroll. Notice must be provided in writing to the counseling center as soon as possible. Authorization is granted to North and South High School and SPEF to release any information on this application to the selection committees. Signatures must be in black or blue ink on this page.

Authorization is granted to Sheboygan North, Sheboygan South, Sheboygan Charter High Schools and SPEF to release any information on this application to North, South, Charter High Schools and SPEF and outside scholarship committees. I attest that the information on this local scholarship application is accurate to the best of my knowledge.

Signature of Parent _____ Date _____

Signature of Student _____ Date _____

DEADLINE: NO LATER THAN 4:00 P.M. ON FRIDAY, MARCH 3, 2017
LATE/INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED

RETURN THIS FORM TO:

- *North High Local Scholarships TO North High School
- *South High Local Scholarships TO South High School
- *SPEF Administered Scholarships TO SPEF OFFICE –
(605 North 8th Street, Suite 214, Sheboygan, WI 53081...Drop Box in door)

RETURN THIS FORM TO THE COUNSELING CENTER NO LATER THAN 4:00 P.M.

Please type an essay entitled:

“Describe your educational and personal goals and how you plan to finance them.”

DO NOT STAPLE THESE PAGES TOGETHER!!

(Limit Essay To THIS PAGE Only)

Student signature _____