APPLICATION CHECKLIST

Download this application to your desktop. Email the completed form to: patzrodz@frontiernet.net

•	oplication for student aid becomes complete only when you have returned the ing materials:
	Application (Total of 6 pages) (APPLICANT DATA, SCHOOL DATA & PERSONAL DATA)
	All required signatures (APPLICANT SIGNATURE, APPRAISER'S SIGNATURE, SCHOOL OFFICIALS SIGNATURE)
	Current Transcript of Grades (IN ADDITION TO TRANSCRIPT INFORMATION)
	APPLICATION DEADLINE: APRIL 30 TH , 2010
Retur	n Application to: Pat Zeinert

105 E. Wall St.

Bowler, WI 54416

patzrodz@frontiernet.net

Applicant Number:	
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TO THE APPLICANT:

Please complete this application so we can determine your eligibility for receiving funds set aside to help students who plan to go on to postsecondary education, and who satisfy other criteria developed by Bowler Alumni Dollars for Scholars.

Complete your personal sections of this application at your earliest convenience, and forward the applicant appraisal to the person you have selected to complete the appraisal. You are encouraged to select a school counselor, teacher or employer.

If any questions are not applicable to your current situation, please attach an explanatory note. If more space is required for information on any item, you may attach additional pages. Please be sure to indicate the appropriate section.

You are responsible for seeing that all supporting documents are submitted.

Application is to be filled in using either blue or black ink and is also available electronically at www.bowler.k12.wi.us.

REMEMBER: This application becomes valid only when the following have been submitted:

Application
Applicant Appraisal
Transcript of Grades

In submitting this application, I certify that the information provided is complete and accurate to the best of my knowledge. Falsification of information may result in termination of any scholarship granted.

Applicant's Signature

Date

APPLICANT DATA

Applicant Name:			
Last	First	MI	
Social Security Number			
Permanent Address: Street	City	State	Zip
Date of Birth	Telephone Number	Email Address	
Name of parent/guardian			
Mailing address of parent (if diff	ferent than applicant):		
Street	City	State	Zip
 Telephone Number			

Applicant	Number:	
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I would like to be considered for the following available scholarships:

- **&** Bowler Alumni Dollars for Scholars
- **★** Delores Jones Scholarship

SCHOOL DATA

		001100227		
NAME OF POS	TSECONDARY SCHOO	DL FOR WHICH APPLICA	NT'S SCHOLARSHIP IS	S REQUESTED
Ć Ć	4 year College/Unive Community College Vo-Tech Other Accredited?	ersity		
	Acciedited;	Yes		
	.	No		
Street Address	S	City	State	Zip
Major field of	study applicant plans	to pursue		
Please list belo	ow the names and am	OTHER AWARDS		u have been
	pplied for, for the con		•	
NAME OF AW	ARD	AMOUNT	GRANTED	PENDING

Applicant Number	:
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PERSONAL DATA

Descri	be your w	ork experie	ence durir	ng the pa	ast four	(4) years.	Indicate	date o	f emplo	yment in
each j	ob and app	proximate i	number d	of hours	worked	each weel	k.			

POSITION	DATES FROM (mm/yy)	DATES T	O (mm/yy)	HRS / WEEK
List all school activities in w government, music, sports,		=	-	student
			SPECIAL AW	/ARDS, HONORS,
ACTIVITY	NUMBER OF Y	EARS	OFFIC	ES HELD
List all community activities church work, volunteer wor	-		•	(ex: Red Cross,
ACTIVITY	NUMBER OF Y	EARS		ARDS, HONORS, CES HELD

Make a statement of your plans as they relate to your educational and career objectives and future goals:

Please describe how and when any unusual family or personal circumstances have affected your achievement in school, work experience, or your participation in school and community activities:

Please describe any personal circumstances that affect your financial need:

Applicant Number:	
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TRANSCRIPT INFORMATION

High School Seniors:

Must include a high school transcript of grades **and** have the following section completed by the appropriate school official.

Applicant ranks: in a class of							
Cumulative grade point average:/4.0 scale							
ACT/SAT Composite Scores:		(info may b	e provide	d by student)			
School Official's Signature	Date	Title	2	Telephone Number			
School Street Address		City	State	Zip			