

Sandra Wisecaver Memorial Scholarship Application

Name _____ Social Security _____

Phone Number _____ Birthdate _____

Address _____

City _____ State _____ Zip _____

High School _____ Graduation Year _____

G.P.A. _____ Major Field of Study _____

On a separate sheet of paper, answer the following questions. Please type.

- List all community and school involvement: leadership, honors, awards, organizations.
- How do you plan to finance your education? Please elaborate.
- What are your educational and career goals, and how do you intend to achieve them?
- What makes you an outstanding scholarship applicant?

****Transcripts must be submitted with application to be considered.
Return application to the Counselors office by April 1.**