

Hess Memorial Hospital Auxiliary - Thrift Shop Scholarship Application

I. PERSONAL INFORMATION:

Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____

Parents/Guardians: _____

Occupations: _____

Number of Brothers/Sisters: _____ Older _____ Younger

Number in College now: _____

Name and address of the High School you are graduating from:

II. FINANCIAL INFORMATION:

Estimated Personal Savings: _____

Percent of Parent's Contribution to Your Education: _____

How do you plan to finance your post secondary education?

List employment during your High School years: _____

List grants and scholarships you have received: _____

III. HIGH SCHOOL ACTIVITIES:

List activities in which you participated, both school and community.

IV. AWARDS:

List awards you have received:

School: _____

Community: _____

V. SELF EVALUATION:

Please evaluate yourself in the following areas: (Circle one for each category)

Community Service	Weak	Below Average	Average	Outstanding
Leadership	Weak	Below Average	Average	Outstanding
Academic	Weak	Below Average	Average	Outstanding
Character	Weak	Below Average	Average	Outstanding
Need	Weak	Below Average	Average	Outstanding

VI. List College(s) or Technical school(s) to which you have been accepted:

What is your intended major? _____

VII. List your educational and vocational goals: _____

Why have you chosen these goals? _____

What are your secondary goals? _____

VIII. Why do you think you should receive a scholarship? _____

IX. Please include a transcript of your grades (CPGA).

Your rank in class: _____ out of how many students? _____

X. Signature: _____

Applications must be received by March 29, 2019.
An application received after that date will not be considered.

Hess Memorial Hospital Auxilliary - Thrift Shop
Attn: Lillian Ratsch
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Mauston, WI 53948