

**WIZARDS OF RODS**  
**MEMORIAL SCHOLARSHIP**  
**INFORMATION SHEET**

Scholarship Amount (1) \$300

Date to be returned by Applicant - **March 11, 2019**

The Wizards of Rods determine scholarships based on previous grades, financial need and course selection. Courses taken do not need to be accredited. Applicant can apply if used for night school, technical school or trade school courses as well as college colleges. Students can re-apply for each year.

Wizards of Rods will return all applications with a yes or no reply by **May 1, 2019** Applicants High School should reside within 60 mile radius of Mauston, WI

**Prefer applicant be in automotive related field but this scholarship is not limited to automotive field.**

Scholarship is presented at our Car Show Sunday, June 16, 2019 at awards ceremony at Jellystone Park, Warrens WI.

**WIZARDS OF RODS  
MEMORIAL SCHOLARSHIP  
APPLICATION**

Name of applicant \_\_\_\_\_

Street Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Telephone number (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Permanent address if different from above \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Name of High School or College you are currently attending \_\_\_\_\_

High School or College address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

High School or College telephone number (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**\*Name of program to be taken in college** \_\_\_\_\_

High School Graduation Date \_\_\_\_\_

College Graduation Date: \_\_\_\_\_

Length of program: \_\_\_\_\_ 1 year \_\_\_\_\_ 2 years \_\_\_\_\_ 3 years \_\_\_\_\_ 4 years

Current year in program \_\_\_\_\_

What are your career goals? \_\_\_\_\_

\_\_\_\_\_

Do you have a plan of action to attain these goals: \_\_\_\_\_ If so, please give a brief description \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please explain your reasons for requesting this scholarship. Specify any circumstances that warrant consideration (Financial needs, previous G.P.A. etc)

---

---

---

---

---

---

---

---

Is the student employed \_\_\_\_yes \_\_\_\_no

Employment Income \_\_\_\_\_

Please provide a transcript to verify the following items:

High School Grade Point Ave \_\_\_\_\_

College Grade Point Ave \_\_\_\_\_

Please provide a written recommendation from one of your instructors stating reason why he/she believes you should receive this scholarship.

Please read and sign:

I certify that all information is, to the best of my knowledge, true and correct; and I authorize the Wizards of Rods, Inc., to obtain information to verify my eligibility for scholarships from my academic records and transcripts.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

If applicant is under the age of 18,

Parent or guardian signature \_\_\_\_\_ Date \_\_\_\_\_

Please return applications to: **Wizards of Rods Inc., Attn: Scholarship Committee, P. O. Box, Mauston, WI 53948. Must be post marked by no later than March 11, 2019.**