

The WDS Educational Foundation Scholarship Application

• Please type or print all information except signatures. • This form cannot be filled out on-line.

Sending a resume does not replace any part of this application. If space provided in any section is inadequate, you may continue on additional sheets. Attachments must follow the same format. DO NOT repeat information already reported on the application form. Your name, address and name of this scholarship program should be included on all attachments. Completeness and **NEATNESS** ensure your application will be reviewed properly.

Date of Application: _____

APPLICANT DATA

Last Name: _____ First Name: _____ Middle Initial: _____

Street Address: _____ Apartment # _____

City: _____ State/Province: _____ Zip Code: _____

Phone: _____ Email Address: _____

Date of Birth: Month _____ Day _____ Year _____ Gender: Male Female

PARENT OR GUARDIAN INFO

Name of Student's Parents:

1. _____ 2. _____

Parent's Address: (If different in than applicant)

1. _____ 2. _____

Parent's Employer:

1. _____ 2. _____

Parent's Occupation:

1. _____ 2. _____

If Not Living with Parent(s): Name of Student's Guardian:

1. _____ 2. _____

Number of siblings living at home: _____ Siblings currently attending College: _____

HIGH SCHOOL DATA

School Name: _____

Grade Point Average: _____ Class Rank: _____ Students in High School Class: _____

ACT or SAT Score: ACT: _____ SAT: _____

Intended Major or Course of Study : _____

Please Include High School Transcript With Completed Application

School to receive tuition payment : _____

OTHER SCHOLARSHIPS RECEIVED

Please list the name and annual amount of any grants or scholarships you have been awarded for the coming school year only.

Name of Scholarship: _____ Amount: \$ _____

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Name of Scholarship: _____ Amount: \$ _____

**GOALS
AND
ASPIRATIONS**

Make a brief statement or summary of your Academic and Life Goals:

**SCHOOL
ACTIVITIES
AWARDS
HONORS**

Please list below all of the school related activities in which you have participated the last four years such as student government, music, sports, A+ Program & other miscellaneous. activities.

Activity	# of years Participated	Description of Your Participation

**OUTSIDE
AND
VOLUNTEER
ACTIVITIES**

Please list below all non-school related outside and volunteer activities.

Activity	# of years Participated	Description of Your Participation

**FINANCIAL
NEED**

Make a brief statement or summary of your financial need:

**WORK
HISTORY**

Please list below your work experience during the last four years:

Employer/Position	From-Mo/Yr.	To-Mo/Yr.	Hours Per Week	Hourly Rate

**APPLICATION
CHECKLIST**

- Completed Student Application
- Student's Signature And Date
- Current Complete High School Transcript
- References (Voluntary) - Student can include a written reference from anyone other than student's teacher.

I intend to inform the scholarship committee if I drop any coursework. Should I receive a refund of tuition by virtue of dropping coursework, I agree to repay the WDS Educational Foundation from the first dollars of such refund up to the amount of the refund or the amount of the scholarship, whichever is less. I agree to furnish a copy of my grades at semester's end in order to continue to receive the scholarship.

Student's Signature: _____ Date: _____

Please return completed application and high school transcript by April 1 to:

WDS Educational Foundation
P.O Box 16031
Shawnee, Ks. 66203