

Student Academic Scholarship Application

Please submit your completed application packet to: (Must be received no later than March 31)

Community Closet 115 N Adams Street New Lisbon, WI 53950

Name:Address:	
Home Phone: (<u>)</u>	Cell Phone: ()
Email address:	
Parent's/Guardian Names and c	aall ahana aumhara:
	Phone: ()

A completed application packet contains: (Please print clearly)

- 1. Write an essay, written by you, about why you are a good candidate to receive the scholarship, your education/vocational goals, and school and community activities you are involved in. A minimum of 500 words is highly suggested.
- 2. Include verification of a **GPA of 3.50 or below** for your High School years. Transcripts are acceptable.