

# 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:

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**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:

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**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