

**WOOD RIVER COMMUNITY CENTENNIAL FOUNDATION
SCHOLARSHIP APPLICATION FORM**

- Application Form must be completed by all Wood River students interested in scholarships available from the Wood River Community Centennial Foundation.
- The winners of the scholarships are required to submit a current photo for publicity reasons.
- Please staple all attachments together with application. Do not include binders or report covers with your submission(s).
- If a question is not applicable to you, please write "N/A"
- Submit application to: Wood River Community Centennial Foundation; PO Box 493, Wood River, NE 68883
- The WRCCF will pay the institution of the winner's choice on the first of October.

STUDENT INFORMATION:

Social Security Number: _____/_____/_____ Date of Birth: _____/_____/_____

Student's Full Name: _____

Present Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

E-mail: _____

Permanent Address: _____
(if different from above)

City: _____ State: _____ Zip: _____

Phone Number: _____

E-mail: _____

Name of Student's Father: _____
(If father is deceased, please indicate)

Fathers home address: _____

Father's employment: a) Title: _____

b) Name of Employer: _____

Name of Student's Mother: _____
(If mother is deceased, please indicate)

Mother's home address: _____

Mother's employment: a) Title: _____

b) Name of Employer: _____

Parents' current marital status: Married _____ Single _____ Divorced _____ Widowed _____

Number of brothers & sisters: _____ Ages: _____

Number of brothers & sisters living with parents: _____

Number of brothers & sisters in college: _____

Name(s) of college(s) where brothers and sisters attend: _____

PLANS FOR STUDY

Name of college or university you plan to attend: _____

Address of Financial Aid Office of college/university you are planning to attend: _____

Declared or Intended Major: _____

Declared or Intended Minor: _____

When do you anticipate graduating from college?: ____/____ (month & year)

Will you be registered as full-time during the upcoming academic year? Y N

If no, explain: _____

Have you been accepted for admission? Y N

If no, explain: _____

Where do you plan to live during the upcoming academic year? On Campus _____

Off Campus _____ With Parent(s) _____ Other (explain): _____

Do you expect to work during the academic year (including work study)? Y N

EDUCATION

School	City & State	Dates	GPA	Degree
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(High School)

(College or University)

(Other)

What is your class rank in high school and how many students are in student's graduating class?
Rank _____ of _____

What was your highest ACT/SAT score?: _____ ACT SAT (circle one)
(PLEASE ATTACH COPY OF TEST SCORES IF NOT ALREADY PROVIDED ON YOUR HIGH SCHOOL TRANSCRIPT)

In the space below, list your **ACADEMIC, EXTRACURRICULAR, AND COMMUNITY ACTIVITIES** while in high school (*if you have a resume, please attach instead*)

In the space below, list **HONORS AND AWARDS**, which you have earned and received (*if you have a resume, please attach instead*)

OTHER

Have you experienced any serious illnesses during the past five years? Y N

If so, please explain: _____

I certify that all the information on this form is true and complete to the best of my knowledge. If asked by the Wood River Community Centennial Foundation, I agree to give documentation for information given of this form. I realize that failure to comply with this request for information may prevent me from being considered for scholarships. Further, I certify that I meet the intent of the scholarship fund for which I have applied as stated in their guidelines. I understand that falsification of any information may result in the termination of the scholarship if one is granted to me.

STUDENTS SIGNATURE _____ **DATE** _____

**** ATTACHMENTS TO THIS APPLICATION MAY BE REQUIRED. PLEASE CHECK SCHOLARSHIP REQUIREMENTS.**