

**WOODRIVERCOMMUNITYCENTENNIALFOUNDATION
SCHOLARSHIPAPPLICATIONFORM**

- 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 Rural High Scholarships, P.O. Box 518, Wood River, NE, 68883**
- The WRCCF will pay the institution of the winner's choice on the first of October.

STUDENTINFORMATION:

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: _____

PLANSFORSTUDY

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

(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.

STUDENT SIGNATURE _____ **DATE** _____

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