



WOOD RIVER COMMUNITY CENTENNIAL FOUNDATION
SCHOLARSHIP APPLICATION FORM

Submit application to: **Wood River Rural High Scholarships,**
P.O. Box 518, Wood River NE 68883 DUE April 1

STUDENT INFORMATION

Student's Full Name: _____

Permanent Address: _____

City _____ State _____ Zip _____

Phone Number: _____

E-Mail Address _____

Parents:

Father: _____

Father's Address: _____

Father's Employment: _____ Title: _____

Name of Employer _____

Telephone: _____ Email: _____

Mother: _____

Mother's Address _____

Mother's Employment: _____ Title: _____

Name of Employer _____

Telephone: _____ Email: _____

Education:

What was your highest ACT/SAT Score _____ Act Sat Circle one

What is your class rank at the time of this application? _____

Plans for Study

Name of college or university you plan to attend: _____

Address of Financial Aid Office of College or University you Plan to attend:

Intended Major _____

Intended Minor _____

Will you be registered as a full-time student during the upcoming year Yes____ No_____

Have you been accepted for admission Yes_____ No_____

If no please explain:

Please explain your ACADEMIC, EXTRACURRICULAR AND COMMUNITY ACTIVITIES while in high school (if you have a resume, please attach instead, no binders).

Please list HONORS AND AWARDS which you have earned and received (if you have a resume please attach instead, no binders).

Have you received any scholarships/grants for the fall 2022 Semester? Please explain.

I certify that all the information on this form is true and complete to the best of my knowledge. I agree to give documentation for information given on this form upon request. I realize that failure to comply with this request may prevent me from being considered for scholarships. Further I certify that I meet the intent of the Wood River Scholarship funds as set forth. I understand that falsification of any information may result in the termination of the scholarship granted to me.

Student's Signature

Date

