

Due Date: March 1, Current Year to the Counseling Office

Below is a listing of all scholarships that may be applied for by using this one Neillsville High School Graduate Common Application Form; please check the scholarships you are applying for after ensuring you meet the criteria for those scholarships. Each of the following scholarships requires 2 recommender sheets.

Scholarship Name: Local FORM ONLY	Please check if you are applying for:
American Legion Scholarship	<input type="checkbox"/>
Dr. John A. Scaletta, DDS (Math or Science major)	<input type="checkbox"/>
Dale and Mary Jane Seif Memorial(Ag or Related Field of major)	<input type="checkbox"/>
Jackson Electric Coop (Parent /Guardian is an active member of JEC)	<input type="checkbox"/>
Kiwanis Club	<input type="checkbox"/>
Krutsch (Ag or Science field)	<input type="checkbox"/>
Lions Club (B average required)	<input type="checkbox"/>
Neillsville Area Wrestling Club (4 yrs. of HS Wrestling)	<input type="checkbox"/>
Neillsville Men's Club	<input type="checkbox"/>
Neillsville High School "N" Club	<input type="checkbox"/>
Riverside Dairy	<input type="checkbox"/>
The Gary L. Mills Memorial (Must be attending UW-Madison)	<input type="checkbox"/>
Ben Armitage Scholarship(preference given to 2.75+ GPA, attending Technical College)	<input type="checkbox"/>
P.E.O. (Girls only)	<input type="checkbox"/>
Melvin & Ina Mae Dux Fund (Ag Field, 3.0+ GPA)	<input type="checkbox"/>
Bruce Beilfuss Scholarship (Must be attending a 4-year University/College in Wisconsin- Public or Private Non-profit)	<input type="checkbox"/>

Scholarship Name: Local Form PLUS Supplement	Please check if you are applying for:
Neillsville Education Association (NEA) (Education Major)	<input type="checkbox"/>
FFA (Active Member of FFA and member for at least 2 yrs.)	<input type="checkbox"/>
Lamar "Schmitt" Schmitz Memorial	<input type="checkbox"/>
Henry & Charlotte Lukes Memorial Scholarship (Health Care Field or Education Field and be top 1/3	<input type="checkbox"/>

of class)	
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Please list the people who will be submitting recommendations on your behalf below:

- 1)
- 2)

Updated: 01/03/2017

SECTION 1 – STUDENT CONTACT INFORMATION			
Last Name, First Name, Middle Initial			
Address			
City, State, Zip			
Home Phone			
Date of Birth (MMDDYY)			
SECTION 2 – STUDENT ACADEMIC INFORMATION			
Current Cumulative GPA			
Class Rank			
ACT or SAT Composite Score			
Intended College			
Accepted?		Yes	
Major Field of Study			
Number of Years to Complete			
SECTION 3 – FAMILY INFORMATION			
Father’s Name			
Address			
City, State, Zip			
Employer			
Job Title			
Mother’s Name			
Address			

Student Name (Last, First)

City, State, Zip			
Employer			
Job Title			
Number of Siblings		Ages:	
Number of Siblings Who Are Attending a College or Technical College			

**If needed, please attach additional resume items on a separate sheet of paper at the end of the application.

SECTION 4 - RESUME

Athletics/Extracurricular Activities	Responsibilities/Offices/Honors	Grade Level

Community Service	Activity/Role	Total Hours of Service

Employment	Position Held	From - To (MM/YY)	Average Hrs./Wk.

Describe what you find most rewarding about your participation in one of the activities listed above.

Student Name (Last, First)

SECTION 5 - ESSAY

Typing specifics: Arial, 11 point font, 1.5 spacing

Please tell us why you should be chosen for this scholarship?

Large empty rectangular box for writing the essay response.

Student Name (Last, First)

SECTION 6 – EXTENUATING CIRCUMSTANCES

Use this space if you choose to share an adverse event or circumstance that may be creating a hardship for you or your family; you are not required to write anything in this section.

SECTION 7 – CONSENT & VERIFICATION

In submitting this application, I certify that the information is complete and accurate to the best of my knowledge; I understand that falsification of information may result in termination of any scholarship granted. I understand that all selections made by the scholarship committees are final and not subject to review or appeal. I hereby give Neillsville High School permission to release the recommendation forms to the scholarship committees. It is also understood that all information and references provided to the scholarship committee will be used for the exclusive purpose of the awarding of scholarships and that all information will remain confidential property and will not be revealed or released to any other person or organizations.

Date: _____

Student's Signature: _____
(Required)

Date: _____

Parent's Signature: _____
(Required)

SECTION 8 – SUPPORTING DOCUMENTS

Please attach to the end of this application in the following order:

1. Additional Resume Items (if needed.)
2. 2-3 recommender sheets (school counselor will attach.)
3. A copy of your unofficial high school transcripts (school counselor will attach.)

It is the policy of the School District of Neillsville that no person may be denied participation in, be denied the benefits of, or be discriminated against in any curricular, co-curricular, pupil service, recreational or other program or activity on the basis of the person's sex, race, religion, national origin, ancestry, creed, pregnancy, marital or parental status, color, sexual orientation, or physical, mental, emotional, or learning disability or handicap as required by section 118.13, Wis. Stats. This policy also prohibits discrimination as defined by Title IX of the Education Amendments of 1972 (sex), Title VI of the Civil Rights Act of 1964 (race and national origin), and Section 504 of the Rehabilitation Act of 1973, which prohibits discrimination on the basis of disabilities.

All student educational and extra-curricular programs and employment opportunities follow the district's policies of nondiscrimination. In addition, arrangements can be made to ensure that the lack of English language skills is not a barrier to admission or participation. Any questions or complaints should be directed to:

John Gaier, District Administrator
School District of Neillsville
614 East 5th Street
Neillsville, WI 54456
(715) 743-3323
e-mail: jgaier@neillsville.k12.wi.us

Neillsville Education Association

President Brent Dickinsen
Vice President John Vornholt
Past President Wendell Attoe



Secretary Don Abel
Treasurer Brian Waters

Prospective Neillsville Education Association Scholarship Nominees:

- The N.E.A. Scholarship is awarded to a qualifying student(s) who wish to pursue a degree in education.

Requirements:

- Please complete the general Neillsville High School scholarship form.
- Also include a paragraph explaining why you wish to become a teacher. Tell us about any work you have done with younger people such as tutoring, the Big Buddy program, coaching, community activities, etc.
- Tell us of any exceptional financial needs, if they exist.
- Because it is required that any recipients of the Neillsville Education Association Scholarship plan to become classroom teachers please read and sign the statement below and attach it to the scholarship form.

Thank you –

The Neillsville Education Association Scholarship

The awarding of Neillsville Education Association Scholarship monies is contingent upon your enrollment in a college education program and your signed intent to teach:

I _____ declare my intention to enroll in a college education program and intend to teach in a school setting.

Signed _____

Date _____

FFA Supplement

Tell us about your experiences and contributions in FFA.

Neillsville School District
Recommendation Form

Deadline: March 1, of Current Year
Please return to Mrs. Boyle

Applicant Name _____

I hereby authorize the following recommender to make an evaluation on my behalf for scholarship purposes. I realize that I will **NOT** have access to this recommendation form:

Signature of Applicant _____ Date _____

Signature of Parent *(if under age 18)* _____ Date _____

I hereby authorize Neillsville High School to release these recommendations on my behalf to the local Scholarship Organizations upon request. It is understood all information and references provided to the committees will be used for the exclusive purpose of awarding scholarships and that this information will remain confidential property and will not be revealed or released to any other person or organization.

Signature of Applicant _____ Date _____

Signature of Parent *(if under age 18)* _____ Date _____

Recommender Name _____ Business Phone _____

Address _____

City _____ State _____ Zip _____

In what capacity do you know this applicant?

How long have you known the applicant?

Please write a short commentary about the student here:

Recommender: (Circle below as appropriate make extra comments below if desired)

General Scholastic Promise (consider study habits, motivation, organization)

Superior Excellent Above Average Average Lacking

Cooperation (consider willingness to participate in various capacities)

Superior Excellent Above Average Average Lacking

Reliability (consider dependability, resourcefulness, punctuality)

Superior Excellent Above Average Average Lacking

Initiative/Industry (consider self-direction, work habits)

Superior Excellent Above Average Average Lacking

Judgment (consider common sense and foresight in reaching decisions)

Superior Excellent Above Average Average Lacking

Leadership (consider ability to lead, plan and organize)

Superior Excellent Above Average Average Lacking

Ability to work under stress (consider reactions under stressful circumstances)

Works well under stress Needs some assistance when under stress Easily lost under stress