5/12 Scholarship Program

STUDENT APPLICATION

If you would like this document interpreted, please call the EL office: 608-842-6173. Si desea que se interprete este documento, llame a la oficina de EL: 608-842-6173. Yog koj xav tau daim ntawv no hauv Hmoob, thoy hu rau cov neeg pab qhia EL ntawm: 608-842-6173.

PLEASE TYPE OR PRINT		Year of High School Graduation:	
Student Information: Scholarship Applicant			
L	ast	First	Middle
Home Address			
Telephone Number		Birthdate	
Parent/Guardian Information: Parent/Guardian 1			
Address	Last	First	Middle
Telephone Number		Email:	
Parent/Guardian 2			
Address	Last	First	Middle
Telephone Number			
We must have permission to share your in Program. I give permission for my child within the 5/12 Schole	d to participate in the :		
Parent/Guardian Sign	ature		Month/Day/Year

NEXT STEPS

Student Nominee: Attach a short essay (maximum one page) to this completed form describing why you feel you would be the best choice for receiving this scholarship. Be sure to explain how you meet each of the criteria. The essay must be the child's own work, with parent/guardian providing support and minimal assistance.

Teacher Recommendations: Student requests **two** brief (1-2 paragraphs) letters of recommendation from current teachers or other school personnel explaining why he/she feels this child demonstrates potential. Please ask the individual to send to School/Community Relations, District Administrative Center, or to contact Kathy Williams for more information. These may be emailed to kwilliams@deforestschools.org.

Parent/Guardian: Please attach a copy of the 5/12 Scholarship invitation letter you received from Becky Terry. You will be contacted directly if necessary. *Academic and Attendance data will be obtained by School/Community Relations Coordinator*.

Send all completed materials to:

School/Community Relations Office, DeForest Area School District, 500 S Cleveland Avenue, DeForest WI 53532