**North High School / South High School / Sheboygan Public Education Foundation (SPEF)**

 Do Not Write in this Space

 Class Rank\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **LOCAL SCHOLARSHIP APPLICATION** GPA unweighted \_\_\_\_\_\_\_\_\_

 GPA weighted \_\_\_\_\_\_\_\_\_

 ACT Comp\_\_\_\_\_\_\_\_\_

 Writing\_\_\_\_\_\_\_\_

SAT Verbal\_\_\_\_\_\_\_\_

 Math\_\_\_\_\_\_\_\_\_\_

 Writing \_\_\_\_\_\_\_\_

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Last) (First) (Initial)

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student ID# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Home Telephone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student Cell Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Counselor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*\*COLLEGE YOU PLAN TO ATTEND Accepted: Yes No**

**\*\*OTHER COLLEGES YOU ARE CONSIDERING**

**\*\*Intended major**

Local Elementary School Attended

Local Middle School Attended

Father\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Years of Education\_\_\_\_\_\_\_\_\_\_

Employer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Years of Education \_\_\_\_\_\_\_\_\_\_

Employer\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parents: \_\_\_\_\_ Divorced \_\_\_\_\_ Separated \_\_\_\_\_\_ Deceased You live with \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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  **Brothers and sisters living at home**

Name Age School / Occupation Name Age School / Occupation

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**Parents’ Financial Statement from Previous Tax Year Federal Tax Form**

Parents’ Financial Statement from 2013 Federal Tax Return (2013 is used to gather information as many may not have completed their 2014 taxes prior to the due date of this application. This way we are comparing the same information for all.) If you filed a Joint Tax Return use the Adjusted Gross Income (AGI) you submitted to the IRS, even if it included step-parents. In the “changes in parents’ income level” section, please include a statement regarding any unusual expenses due to medical, disability, and/or employment, etc.

Custodial Parents’ AGI: $

Non-Taxable Income: $ From: Social Security ☐ Student Savings ☐ Child Support ☐

Non-Custodial Parents’ AGI: $

Total number of family members living at home

Number of dependents in your parents’ family (excluding you) Number attending college

Please specify any changes in parents’ income level due to medical disability, employment or other:

Updated 01/20/14

**Student Activity Profile**

**Extra-Curricular Activities Grade Participated and # of Years Leadership Positions**

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**Awards / Year Presented Awards / Year Presented (cont.)**

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**Community Activities # Years Participated # Hours Committed Leadership Positions**

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**Work Experience/Position Dates of Employment**

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| Disclaimer and SignatureIn order to respect the rights of all students, it shall be the policy of the Sheboygan Area School District to insure that no student will be excluded from, denied the benefits of, or be subjected to discrimination under the school’s educational program or activities, or on the basis of ancestry, creed, physical, mental, emotional, or learning disability, marital or parental status, national origin, pregnancy, race, sex, or sexual orientation. Recipient of a scholarship must be enrolled and attending an institution of higher education by October 15 following graduation. The award is conditioned upon applicants satisfying certain criteria, to include in some instances restrictions upon the location of the college or university, which the applicant will attend. The selection committee must be advised of any change concerning the college or university at which an applicant intends to enroll. Notice must be provided in writing to the counseling center as soon as possible. Authorization is granted to North and South High School and SPEF to release any information on this application to the selection committees. Signatures must be in black or blue ink on this page.  |

Authorization is granted to Sheboygan North and Sheboygan South High School and SPEF to release any information on this application to North and South High School and SPEF and outside scholarship committees. I attest that the information on this local scholarship application is accurate to the best of my knowledge.

Signature of Parent Date

Signature of Student Date

**RETURN THIS FORM TO THE SPEF OFFICE NO LATER THAN**

 **MONDAY, MARCH 23, 2015**