David C. Ainsworth Scholarship

*a component of the Community Foundation of Southern Wisconsin, Inc*

SCHOLARSHIP GUIDELINES

Established to provide post secondary opportunities to a graduating senior from Argyle and Brodhead High Schools who will be attending an accredited college, university or technical school.

**ELIGIBILITY:**

Student will attend an accredited college, university or technical school. Must be in the top 25% of class rank. Activities to include school and community.

**APPLICATION PROCEDURE:** (Incomplete applications will not be considered)

1. Complete the application.
2. Attach your high school transcripts.

**DEADLINE:**

All required documents should be filed with the guidance office no later than **March 1st** of the graduating year.

**DAVID C. AINSWORTH SCHOLARSHIP APPLICATION**

|  |  |  |
| --- | --- | --- |
| *Last:* | *First:* | *Middle:* |
| *Address:* | *City:* | *Zip:* |
| *E-Mail:* | *Home Phone:* | *Cell:* |

|  |  |
| --- | --- |
| *1st Parent/Guardian Name:* | *Daytime Phone #:* |
| *1st Parent/Guardian Address:* | *Employer:* |
| *2nd Parent/Guardian Name:* | *Daytime Phone #:* |
| *2nd Parent/Guardian Address:* | *Employer:* |
| *No. of Children Living at Home:* | *No. of Children in College Next Year:* |

|  |  |
| --- | --- |
| *High School Attending (ed)*: | *Year of Graduation:* |

**College/University you plan to attend next year:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| *NAME OF CAMPUS* | *CITY, STATE* | *APPLIED?* | *ACCEPTED?* | *APPLIED FOR*  *FINANCIAL AID?* |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

|  |  |
| --- | --- |
| *What are the estimated costs for your next year at school (tuition, books)?:* $ | *(Room & Board):* $ |

*How do you plan to finance this total?*

*What is your proposed major field or interest area?*

*What type of job do you plan to pursue upon completion of college?*

*List your out-of-school activities (such as YMCA, 4-H, etc.):*

*List any high school activities and any special honors or awards you have received:*

*List work experiences and dates:*

Parent approval of application being used by scholarship committees and released

to news media:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Parent/Guardian's Signature)

**DEADLINE:** **March 1st**

**Please return this application to Guidance Department.**

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