Pat Berra Memorial/REACH Scholarship

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

SCHOLARSHIP GUIDELINES

Established to provide for post high school educational opportunities for graduating seniors from Monroe High School, Monroe, WI.

**ELIGIBILITY:**

1. Student should have a minimum GPA of 3.0 on a 4.0 scale.
2. Student plans to major in the medical field.
3. Student will attend an accredited college, university or technical school.
4. Preference may be given for participation in school and community activities.

**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.

**PAT BERRA MEMORIAL/REACH 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.**

F:\SCHOLARSHIPS\Forms\Applications\Berra /REACH.doc