# Alvin X. & Rosa Buholzer Scholarship

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

SCHOLARSHIP GUIDELINES

This scholarship was established by a bequest from Alvin X. and Rosa Buholzer to assist and encourage worthy and industrious students who will be attending an accredited college, university or technical school to obtain education beyond high school.

**ELIGIBILITY:**

Applicants should be in the top 33% of class ranking.

**APPLICATION PROCEDURE:**

1. Complete the application. (Incomplete applications will not be considered)
2. Attach your high school transcripts.
3. Complete and attach the scholarship application financial form.
4. Applicants must include a written essay (no more than 500 words) which summarizes information about:

a) Why scholarship will help

b) Future goals you might pursue

c) What professional career you might pursue

d) Any other circumstances that may be relevant

**DEADLINE:**

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

# **ALVIN X. & ROSA BUHOLZER 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 the Guidance Department.**

# F:\SCHOLARSHIPS\Forms\Applications\Buholzer.doc

**Community Foundation of Southern Wisconsin, Inc**

**Scholarship Application Financial Form**

Student’s Name:

1. Total annual household income: [ ]  Less than $20,000 [ ]  $20,000 to $50,000

 [ ]  $50,000 to $80,000 [ ]  $80,000 to $100,000

 [ ]  Over $100,000

2. Total number in family living in same household (including yourself):

3. Are there any unusual family expenses? If so, explain:

4. How will you finance your post high school education? (Check all that apply)

[ ]  Parents [ ]  Summer Job [ ]  Part-Time work while in school [ ]  Student Loans Other (specify):

5. Amount saved for further education?:

6. Amount you can expect from parents/other sources per year?:

7. List other scholarships received:

8. Would you be financially able to attend college without the aid of this type of

 scholarship?:  If no, explain:

\*\*\*\*\*\*\*\*\*\*\*

Certification: All of the information on this form is true and complete to the best of my knowledge.

STUDENT’S SIGNATURE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FATHER’S OR GUARDIAN’S SIGNATURE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MOTHER’S OR GUARDIAN’S SIGNATURE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_