Clayton Watkins Memorial Scholarship Fund

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

SCHOLARSHIP GUIDELINES

This scholarship was established to assist graduating seniors from Argyle to provide for post high school educational opportunities.

**ELIGIBILITY:**

* Will be attending an accredited college, university or technical school.
* Based upon merit and need.

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

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

3. Complete and attach the scholarship application financial form.

**DEADLINE:**

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

**CLAYTON WATKINS MEMORIAL 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.**

**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:\_\_\_\_\_\_\_\_\_