Mary Kay Zemlicka Memorial 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 and Monticello High School who will be attending an accredited college, university or technical school.

**There are 2 scholarships available** – 1 for a student who intends to study **nursing** and 1 for a student who intends to study **education/teaching**.May be renewable up to 3 additional years for 4-year college/university or up to 1 additional year for 2-year college or technical school.

**ELIGIBILITY:**

* Student will be attending an accredited college, university or technical school
* Must have GPA of 3.0 on a 4.0 scale
* Must be intending to study either nursing or education/teaching
* Preference for financial need but is not a restriction

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

1. Complete the application.
2. Attach your high school transcripts.
3. Must include a short essay about involvement with church, school and community activities.

**DEADLINE:**

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

**MARY KAY ZEMLICKA 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.**

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