Westerville Scholarship Foundation Community Scholarship

Name:	
Phone Number:	
E-Mail:	
Student ID#	

PROVISION: I,	_, hereby stipulate that the information
contained within these materials have minimal parental involvement. Failure to and/or loss of scholarship.	, , ,
	Student Signature
	Parent Signature

Westerville Scholarship Foundation

Scholarship Application 2019-2020

This application must be legibly printed or typed and completed in its entirety for consideration.

Student Name	First Name	Middle Initial	Last Name	
			2.00 1 (1.00)	
City/Zip Code/County				
Student Home Phone Numb	er ()			
E-mail			Student ID#	
General Information:				
Name of Parents/Guardians				
Number of dependent children	ren in the home (include	ling applicant)		
Next year, how many memb	pers of your family (in	cluding parents) will be in	college or technical school?	
Schools Attended:				
Elementary(s)			Year(s) Attended	
Junior High/Middle(s)			Year(s) Attended	
High School you are now at	tending		City	
Date of Graduation			-	
Academic/School Inform	nation:			
1. What is your anticipated	major?			
2. Where are you planning	to attend college?			
3. To what colleges have yo	ou been accepted?			
4. What high school honors	have you received?			

PLEASE MAKE A MASTER COPY OF ALL THE MATERIALS FOR YOUR RECORDS!