

WHS

Master Scholarship Endowment Fund

Applicant's Name: _____

Home Address: _____

E-mail address: _____

Cell phone: _____

Home phone (parent/guardian contact):

WHS Master Scholarship Endowment Fund Scholarships

*(By filling out this application the applicant is applying for all WHS MSEF scholarships with the exception of the David Powell Memorial Scholarship and the Vera Wall/Pauline Wheeler Scholarship. Application must be returned to the school counselor no later than **March 15.**)*

Eligibility to apply: (1) Applicant has attended Windsor High School at least 4 semesters, (2) be accepted in an accredited institution of higher learning, (3) have taken the ACT test or college entrance exam or other required test for post-high school education or training at an accredited institution,

Number of Semesters at WHS _____ Class Rank _____ GPA (cumulative) _____ ACT _____

List your high school activities, honors, awards:

List activities / honors in civic, community, and church organizations:

List work experience, if any:

Where will you attend college?

What is your intended major and career ambition?

We have read the WHS MSEF criteria, and agree to be bound by the requirements and guidelines therein. Signatures authorize the scholarship committee to view the transcript of the applicant.

Student's signature

Counselor's signature

Parent/Guardian's signature

Date submitted