

# WHS

## Master Scholarship Endowment Fund

Applicant's Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Cell phone: \_\_\_\_\_

Home phone (parent/guardian contact):  
\_\_\_\_\_

### David Powell Memorial Mathematics Scholarship

*(To be given each year to the Windsor High School graduating senior who has excelled in mathematics during his/her high school career. 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 math classes taken in high school and grades received:

Class	1 <sup>st</sup> Sem	2 <sup>nd</sup> Sem
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Where will you attend college?

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What is your intended major and career ambition?

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*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.*

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Student's signature

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Counselor's signature

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Parent/Guardian's signature

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Date submitted