

**WOOSTER HIGH SCHOOL CLASS OF 1939  
SCHOLARSHIP APPLICATION FORM  
Due April 12, 2019**

*Please print or type*

Name of Student \_\_\_\_\_ Phone No. \_\_\_\_\_

Address \_\_\_\_\_

College(s) of Choice \_\_\_\_\_

Approximate cost including room/board/tuition \_\_\_\_\_

Planned Major \_\_\_\_\_

**Family Information:**

Name of Parent/Guardian \_\_\_\_\_

Address of Parent/Guardian \_\_\_\_\_

Phone Number of Parent/Guardian \_\_\_\_\_

Father's Employer \_\_\_\_\_

Mother's Employer \_\_\_\_\_

Student's Employer \_\_\_\_\_ Hours per Week \_\_\_\_\_

Gross Family Income \_\_\_\_\_

Number in college for upcoming academic year (including applicant) \_\_\_\_\_

Number of other children living at home \_\_\_\_\_

Ages of those children \_\_\_\_\_

Are there any special circumstances, other than income, that should be considered, such as education or other debts, loss of income, illness, etc. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Personal Information:**

On a separate sheet of paper, please write a brief description of extracurricular activities explaining participation and leadership.

This application must be submitted with a current transcript of grades, class rank, ACT and/or SAT test scores.

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Signature of Parent/Guardian  
(If student is under the age of 18)

**Return to your counselor by April 12, 2019**

**Note:** If you are a recipient of this scholarship, through the Wayne County Community Foundation, all monetary awards will be made payable to your account at the post-secondary school you will be or are attending. Unless otherwise stated, checks will be issued in July, prior to the new school year. No checks will be awarded directly to any individuals.