



Power through Education™

SCHOLARSHIP APPLICATION

Financial assistance in the form of scholarship is awarded by the Foundation in accordance with the need, scholastic ability and character of the applicants. In order that the Foundation may apportion the available funds as fairly as possible, it is essential that this form be filled out with care and frankness. All information submitted will be treated as strictly confidential. *However, in evaluating this application some discussion with the student's school concerning financial aid and other matters may be necessary and applicant by submitting this aid request hereby authorizes such action.*

Financial assistance is continued from year to year only to students who have maintained the standards of character and scholarship expected of them when the award was originally made. The Foundation also reserves the right to discontinue scholarship during the course of the year if the student's efforts, achievement or conduct is unsatisfactory.

Please return this application with all the other requested materials as soon as possible, but IN NO EVENT later than April 1st of the year of application to the: Mary Alice Yakich Educational Foundation, Inc.

(PLEASE TYPE)



148 McHenry Street
Burlington, WI 53105

1. Name: _____ (Last) _____ (First) _____ (Middle)

2. Address: _____ (Street Number and Name)

_____ (City) _____ (State) _____ (Zip Code)

3. Telephone: (_____) _____ Are you a U.S. Citizen? Yes [] No []

4. Male [] Female [] Social Security Number _____ Date of Birth _____

5. Name of Parents (or guardian): _____

Occupation of Parents (or guardian): _____

Name of firm or institution employing the parents (or guardian): _____

Address: _____ (Street Number and Name)

_____ (City) _____ (State) _____ (Zip Code)

6. Annual income of family from all sources: _____

7. Capital resources of family:

(a.) securities: _____

(b.) real estate equity: _____

(c.) savings of family: _____

(d.) other pertinent financial: _____

8. School _____

Address: _____
(City) _____ (State) _____ (Zip Code) _____

9. Name of School Counselor: _____

10. Type of School: Public [] Private [] Parochial [] Date of Graduation: _____

11. Graduating class size: _____ Position in class: _____ A.C.T. Score: _____

12. # in family _____ # of children _____ # living at home _____ # in school (do not include yourself) _____

13. Name the school and the address at which you have been accepted/attending and the approximate annual costs at that school: _____

14. Name the curriculum that you have been accepted for or that you intend to major in: _____

SEPARATELY, PLEASE INCLUDE THE FOLLOWING:

1. If you have graduated from high school and have work experience, please submit your work résumé.
2. List any school activities, such as student council, school paper, NHS, school yearbook, band, athletics, etc., in which you have been involved.
3. List personal, local, state or national awards and honors you have received.
4. List any community activities, such as scouting, church organizations, hospital volunteer work, etc., in which you have been involved.
5. Please state your reasons for applying for this scholarship, along with your career goals.
6. Please list other scholarships, grants or tuition reimbursements you are receiving or have applied for.
7. Please include an official transcript of your high school scholastics.
8. If attending college, please submit your most recent transcript.
9. Please submit at least two letters of recommendation, including one from your school and one from a non-relative (i.e. employer, community leader, etc.).
10. Submit a copy of your Student Aid Report (S.A.R.).

APPLICANT SIGNATURE:

I certify that all the statements made in this application are true, complete, and correct to the best of my knowledge and belief.

Signature: _____ Dated: _____