

William Heilhecker Memorial Scholarship Application

TYPE OR PRINT ALL INFORMATION EXCEPT SIGNATURES

Completeness and neatness ensure your application will be reviewed properly.

Application deadline is June 30, 2012

FOR COMMITTEE USE ONLY

I.D. #		AA	GPA	SATCR	SATM	SATW	ACTC	TOTAL

APPLICANT DATA

Last Name	First Name	M.I.
Address		
City	State	Zip
Telephone () -	E-Mail Address	
Date of Birth (mm/dd/yyyy):		

PARENT OR GRANDPARENT INFORMATION

Last Name	First Name	M.I.
Address		
City	State	Zip
Telephone () -	E-Mail Address	
Employee #:	Relationship:	

HIGH SCHOOL DATA

School Name	High School Graduation Date (mm/yyyy)	
City	State	Zip
Telephone () -	E-Mail Address	

POST-SECONDARY SCHOOL DATA

Name of post-secondary school you plan to attend (if unknown, please list in order of preference, the schools to which you have applied.) Use official school names. Do **not** use abbreviations.

	City	State
	City	State

4 year College or University
 Year in school **NEXT** year
 1
 2

Major or Course of Study	Expected College Graduation Date (mm/yyyy)
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Sending a resume does not replace any part of this application. If space provided in any section is inadequate, you may continue on additional sheets. Attachments must follow the same format. **DO NOT** repeat information already reported on the application form. Your name, address and name of this scholarship program should be included on all attachments.

ACTIVITIES, AWARDS AND HONORS

List all school activities in which you have participated during the **past four years** (e.g., student government, music, sports, etc.) List all community activities in which you have participated without pay during the **past four years** (e.g., Boy/Girl Scouts, hospital volunteer, Special Olympics, etc.) Note all special awards, honors and offices held. **Indicate whether they are high school or college activities.**

Activity	# of years partic.	Special Awards, Honors	Offices Held	Activity	# of years partic.	Special Awards, Honors	Offices Held

APPLICANT APPRAISAL (REQUIRED)

To the Applicant: This section is required and must be completed in the format provided. If incomplete, your application will not be evaluated. Please print this page and have it completed by a high school or college counselor or advisor, an instructor, community leader or a work supervisor who knows you well.

To the Adult Appraiser: You have been asked to provide the information below, along with a letter of recommendation in support of this application. Please give immediate and serious attention to the following statements. When complete, please return to the applicant. If you prefer, photocopy this section and return to applicant in a sealed envelope. A letter of recommendation does not replace this section.

The applicant's choice of a post-secondary educational program is	<input type="checkbox"/> Extremely Appropriate	<input type="checkbox"/> Very Appropriate	<input type="checkbox"/> Moderately Appropriate	<input type="checkbox"/> Inappropriate
The applicant's achievements reflect his/her ability	<input type="checkbox"/> Extremely well	<input type="checkbox"/> Very well	<input type="checkbox"/> Moderately well	<input type="checkbox"/> Not well
The applicant's ability to set realistic and attainable goals is	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
The quality of the applicant's commitment to school and/or community is	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
The applicant is able to seek, find, and use learning resources	<input type="checkbox"/> Extremely well	<input type="checkbox"/> Very well	<input type="checkbox"/> Moderately well	<input type="checkbox"/> Not well
The applicant demonstrates curiosity and initiative	<input type="checkbox"/> Extremely well	<input type="checkbox"/> Very well	<input type="checkbox"/> Moderately well	<input type="checkbox"/> Not well
The applicant demonstrates good problem-solving skills, follows through, and completes tasks	<input type="checkbox"/> Extremely well	<input type="checkbox"/> Very well	<input type="checkbox"/> Moderately well	<input type="checkbox"/> Not well
The applicant's respect for self and others is	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor

Comments: _____

Appraiser's Name _____ Title _____ Telephone _____
 Signature _____ Organization _____ Date _____

TRANSCRIPT INFORMATION

A complete transcript of grades must be sent with this application. Grade reports are not acceptable.
 1. **Students currently or previously enrolled in college must** include all college transcripts of grades from each school attended. Online transcripts must display student name, school name, grade and credit hours earned for each course, and term in which each course was taken (Completion of high school information below is not necessary.)
 2. **High school seniors and students who have completed less than one full quarter or semester** of post-secondary education **must** include a high school transcript of grades and have this section completed by the appropriate school official. **(A clear explanation of the high school's grading scale must also be submitted).**

Applicant ranks _____ In a class of _____	Cumulative Grade Point Average	SAT			ACT				
	Weighted: ____/4.0 scale Unweighted: ____/4.0 scale	Critical Reading	Math	Writing	English	Math	Reading	Science	Composite

APPLICATION CHECKLIST

The student is responsible for submitting all materials on time. Incomplete applications will not be evaluated. This application becomes complete and valid only when all of the following materials have been received:

- Student Application with completed Applicant Appraisal
- Letter of Recommendation
- Current Complete Transcript(s) of Grades (including grading scale)

All materials, including transcript, must be addressed to:

William Heilhecker Memorial Scholarship Program
 869 South Knowles Ave.
 New Richmond, WI 54017

Must be RECEIVED by June 30, 2012

CERTIFICATION

The William Heilhecker Scholarship Committee has the sole responsibility for selecting recipients based on criteria as set forth in the program's description. This application becomes the property of the committee. (It is recommended you keep a copy for your files).

I acknowledge decisions made are final. I certify I meet the eligibility requirements of the program as described in the guidelines and the information provided is complete and accurate to the best of my knowledge. If requested, I will provide proof of information, including an official transcript of grades. Falsification of information may result in termination of any award granted.

Applicant's Signature _____ Date _____

Employee's Signature _____ Date _____
