

APPLICANT'S NAME \_\_\_\_\_

**WESTERN LANE COMMUNITY FOUNDATION**

**POST HIGH SCHOOL SCHOLARSHIP APPLICATION**

Western Lane Community Foundation is pleased to offer scholarships to those who have already graduated from High School or who have achieved their GED. These scholarships are awarded annually and are designed for students who use permanent home addresses within the Florence/Dunes City/Mapleton/Deadwood geographical areas and have already graduated from High School, have their diploma, GED, or were home schooled and are eligible to enter higher education or trade schools. Such applicants as 2<sup>nd</sup>, 3<sup>rd</sup>, and 4<sup>th</sup> year college students, students entering post graduate programs, adults returning to higher education, trade schools, special arts programs, etc. after career or family changes, job losses, older individuals, and nontraditional students would be eligible to apply.

Scholarships are available for traditional four year universities, colleges, community colleges, and approved trade schools. While academic achievement is one criteria used in determining recipients, other qualifying characteristics include financial need, outside activities, work history, and volunteerism to name a few.

Please submit this cover sheet along with a completed Scholarship Application Form, a copy of your transcript of grades through your senior year of high school or any completed post high school education, proof of your enrollment in September of the current year, two signed letters of recommendation, and a resume including honors/awards, clubs, community service, and work history for the last five years. Applications may be submitted on line, by mail, or delivered directly to the WLCF office. Submit this signed cover sheet with a completed application, transcript, and resume to WLCF, PO Box 1589, Florence, OR, 97439, you may deliver it personally to 1525 W.12<sup>th</sup> St., Suite 18, Florence, or email to [wlcfc@wlcfonline.org](mailto:wlcfc@wlcfonline.org) . Completed applications with all appropriate inclusions must be received or post marked no later than **June 30, 2015**. Applications are available online at [www.wlcfonline.org](http://www.wlcfonline.org) or at the WLCF office (address listed above.)

I understand that I may be scheduled for a personal interview with one or more of the Scholarship Committee and that, if I am, the interview will be an integral part of the overall application process. I certify that the statements in this application and all other documentation included are correct to the best of my knowledge and I give consent to my school to release the transcript of grades for \_\_\_\_\_(student's name).

SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_\_

(Parent/Guardian signature if you are under the age of 18)

**WLCF CONTINUING EDUCATION SCHOLARSHIP APPLICATION**

Legal Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Address: \_\_\_\_\_

Are You Currently Enrolled in a School? \_\_\_\_\_ If so, Where? \_\_\_\_\_

What Grade Level? \_\_\_\_\_ Most Current Cumulative GPA: \_\_\_\_\_ Class Rank: \_\_\_\_\_

Where You Plan To Attend School: \_\_\_\_\_ Major: \_\_\_\_\_

Other Dependents in Your Family: \_\_\_\_\_

PLEASE EXPLAIN YOUR FINANCIAL NEED AND ANY SPECIAL CIRCUMSTANCES THAT WOULD MAKE IT DIFFICULT FOR YOU AND/OR YOUR FAMILY TO MEET YOUR FINANCIAL NEEDS THROUGH YOUR POST HIGH SCHOOL EDUCATION. USE AN ADDITIONAL PAGE IF NECESSARY.

**ACTIVITIES/AWARDS**

**SCHOOL/VOLUNTEER ACTIVITIES:**

**ACADEMIC/COMMUNITY AWARDS:**

**EMPLOYMENT EXPERIENCE:**

USE THIS SPACE TO WRITE A BRIEF SUMMARY OF YOUR POST-SECONDARY EDUCATIONAL PLANS AND POTENTIAL CAREER GOALS. INCLUDE WHERE YOU PLAN TO ATTEND, WHAT MAJOR(S) AND MINOR(S) YOU ARE CHOSING, WHERE YOU HOPE TO LIVE UPON GRADUATION, WHAT YOUR CARRER ASPIRATIONS ARE AND WHY, ETC.

**FINANCIAL STATEMENT**

PART A -- INCOME:

- 1. SAVINGS : \_\_\_\_\_
- 2. FAMILY CONTRIBUTION: \_\_\_\_\_
- 3. OTHER SCHOLARSHIPS/FINANCIAL AID: \_\_\_\_\_
- 4. EMPLOYMENT INCOME: \_\_\_\_\_

PART A TOTAL: \_\_\_\_\_

PART B -- EXPENDITURES (PER YEAR):

- 1. TUITION: \_\_\_\_\_
- 2. BOOKS AND FEES: \_\_\_\_\_
- 3. ROOM AND BOARD: \_\_\_\_\_
- 4. TRANSPORTATION: \_\_\_\_\_
- 5. OTHER EXPENSES: \_\_\_\_\_

PART B TOTAL: \_\_\_\_\_

TOTAL ESTIMATED FINANCIAL NEED FOR UPCOMING YEAR: \_\_\_\_\_