

APPLICANT'S NAME _____

WESTERN LANE COMMUNITY FOUNDATION

SCHOLARSHIP APPLICATION

Western Lane Community Foundation currently administers 15 scholarships. Most of the scholarships are awarded annually and are available to graduating seniors at Siuslaw and Mapleton High Schools, adult residents of the Mapleton and Florence Community who have graduated from Mapleton or Siuslaw High School, and to current students in post high school educational institutions.

Scholarships are available for traditional four year colleges as well as community colleges and accredited trade schools. While academic achievement is one criteria used in determining recipients, several of the scholarships are directed toward students in particular fields of education or with other qualifying characteristics.

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 completed post high school education, two signed letters of recommendation, a copy of your SAT/ACT score, and a resume including honors/awards, clubs, community service, and work history for the last five years.

Submit this signed cover sheet with a completed application, transcript, and resume to WLCF, PO Box 1589, Florence, OR, 97439. Completed applications with all appropriate inclusions must be received or post marked no later than April 15. Applications are available at the Counseling offices of the two high schools or online at www.wlcfonline.org . Certain scholarships may require a personal interview with the Scholarship Committee.

I understand that I may be scheduled for a personal interview with one or more members of the Scholarship Committee and that 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 student is under the age of 18)

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Legal Name: _____

Date of Birth: _____

Mailing Address: _____

Home Phone: _____ Cell Phone: _____ E-mail: _____

Parent/Guardian: _____ Address: _____

Cumulative Grade Point Average: _____ Class Ranking: _____ ACT Score: _____

SAT Composite Score: Verbal _____ Math: _____ Writing: _____

Did you attend all 12 years of primary/secondary school in the Siuslaw School system? _____

Where You Plan to Attend School: _____

Major/Minor: _____

Number of Siblings and Ages: _____

Other Dependents in Family: _____

What special family circumstances make it difficult for your family or help you financially through your post high school education. Use an additional page if necessary.

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What motivates you to reach your future goals? (250 words or less)

What are your post-secondary educational plans and career goals and aspirations?

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FINANCIAL STATEMENT

PART A -- INCOME:

- 1. SAVINGS FOR COLLEGE: _____
- 2. FAMILY CONTRIBUTION: _____
- 3. OTHER SCHOLARSHIPS/FINANCIAL AID: _____

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: _____