



## SCHOLARSHIP APPLICATION 2018

Scholarships are awarded based on economic needs as determined by the USDA reduced meal guidelines and other extenuating circumstances (e.g. medical bills.) Student/Parents will be expected to make some contribution toward their fees. Please complete all questions and fill in all the blanks.

**DEADLINE IS MAY 18, 2018**

1.	Parent(s) Name	
2.	Mailing Address (City/State/Zip)	
3.	Daytime Phone	
4.	Email Address	
5.	Indicate Program(s) - i.e. College for Kids, Girl Power, etc.	
6.	How many Adults in the Family?	What is the total # of children?
7.	I/We are requesting scholarship funds for the following children:	
	Child's Name	2017-2018 Grade
	Child's Name	2017-2018 Grade
8.	Do you qualify for free school lunch? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Do you qualify for reduces school lunch? <input type="checkbox"/> Yes <input type="checkbox"/> No	
9.	Your Adjusted gross family income from your 2017 Federal Tax Form \$ _____	
	If you answered NO to the above questions, describe the reasons you are requesting financial aid. List extenuating circumstances such as job loss, large medical bills. This will aid us to determining your financial need for scholarships. Add additional sheet if needed.	

Return this form with your registration form to:  
 UWMC Continuing Education  
 625 Stewart Ave, Wausau, WI 54401

*Call the Continuing Education Office at 715-261-6294 if you have any questions about the scholarship procedure*