John McPoland Memorial Scholarship

a component of the Community Foundation of Southern Wisconsin, Inc

SCHOLARSHIP GUIDELINES

Established to provide post high school educational opportunities for graduating high school students from Wahlert Catholic High School, Dubuque, IA who will be attending an accredited college, university or technical school.

ELIGIBILITY:

- 1. Student must have an average grade level of C or higher (2.0 on a 4.0 scale).
- 2. Interested in studying Journalism, including but not limited to writing, television and radio; **or** be an exceptional athlete in any sport.
- 3. Preference may be given for financial need, but is not a restriction

APPLICATION PROCEDURE: (Incomplete applications will not be considered)

- 1. Complete the application.
- 2. Attach your high school transcripts.
- 3. Complete and attach the scholarship application financial form.
- 4. Attach essay regarding your high school accomplishments and your future school and career plans.

JOHN McPOLAND MEMORIAL SCHOLARSHIP APPLICATION

Last:	First:		Mic	ldle:		
Address:	City:		Zip	:		
E-Mail:	Home P.	hone:	Cel	l:		
1 st Parent/Guardian Name:		Daytime Phone #	<i>t</i> :			
1st Parent/Guardian Address:		Employer:				
2 nd Parent/Guardian Name:		Daytime Phone #	<i>t</i> :			
2 nd Parent/Guardian Address:		Employer:				
No. of Children Living at Home:		No. of Children i	n College Next Year	:		
High School Attending (ed):			Year of Gradua	tion:		
College/University you plan to atte	end next year: <u>CITY, STATE</u>	APPLIED?	ACCEPTED?	<u>APPLIED FOR</u> <u>FINANCIAL AID?</u>		
What are the estimated costs for your next	year at school (tuition, l	pooks)?: \$	(Room &	Board): \$		
How do you plan to finance this total? What is your proposed major field or interest area? What type of job do you plan to pursue upon completion of college? List your out-of-school activities (such as YMCA, 4-H, etc.): List any high school activities, sports and any special honors or awards you have received: List work experiences and dates:						
Parent approval of application being used by scholarship committees and releas to news media:						
(Parent/Guardian's Signature)						

Please return this application to Guidance Department.

Community Foundation of Southern Wisconsin, Inc Scholarship Application Financial Form

St	udent's Name:					
1.	Total annual household income:	Less than \$20,000	\$20,000 to \$50,000			
		\$50,000 to \$80,000	\$80,000 to \$100,000			
		Over \$100,000				
2.	2. Total number in family living in same household (including yourself):					
3. Are there any unusual family expenses? If so, explain:						
4. How will you finance your post high school education? (Check all that apply)						
	Parents Summer Job Other (specify):	Part-Time work while in school	ol Student Loans			
5. Amount saved for further education?:						
6. Amount you can expect from parents/other sources per year?:						
7.	7. List other scholarships received:					
8.	8. Would you be financially able to attend college without the aid of this type of scholarship?: If no, explain:					

Certification: All of the information on this form is true and complete to the best of my knowledge.						
STUDENT'S SIGNATURE						
FATHER'S OR GUARDIAN'S SIGNATURE						
MOTHER'S OR GUARDIAN'S SIGNATURE						
D	ATE:					