

## ***THE WEST CENTRAL EDUCATION FOUNDATION SCHOLARSHIP***

The West Central Education Foundation is a private 501 (c)(3) organization whose purpose is to provide funds that will benefit the students and staff of the West Central School District.

It is the desire of the foundation board to annually award scholarships to deserving students who have completed high school in the West Central School District or its successors. The purpose of awarding scholarships is to assist in the continuation of the student education and prepare them for a successful roll in life at an institution of higher learning. Preferential treatment will be given to those who have financial need who might not otherwise be able to continue their education.

Applications for the Foundation Scholarships shall be made in writing by April 15<sup>th</sup> of each year and submitted to the President of the WC Education Foundation. Scholarship forms may be turned into the high school guidance counselor or the unit office.

The scholarship recipient (s) will be announced each year at the annual West Central High School Honors Night program, typically held the first Tuesday of May each year.

The scholarship will be paid as follows: The scholarship will be paid in the form of a check by the Foundation treasurer upon proof of payment in the 2<sup>nd</sup> semester for incurred educational expenses: Tuition, Room and Board or Books. Proof of expenses can be mailed to Linda Reaves at PO Box 844 Oquawka, IL 61469. Proof of payment shall be in the form of a cancelled check or credit card receipt.

The number and amount of scholarships available for distribution shall be determined on an annual basis by the Foundation Board.

Please keep this paper for future reference. Any questions can be directed to the Marissa Gibb, President of the West Central Education Foundation Board at (319) 759-6933 or [wceducationfoundation@gmail.com](mailto:wceducationfoundation@gmail.com).

STUDENT NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

\_\_\_\_\_

EMAIL: \_\_\_\_\_

PHONE #: \_\_\_\_\_

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PARENT/GUARDIAN(S) NAME(S): \_\_\_\_\_

ADDRESS: \_\_\_\_\_

EMAIL: \_\_\_\_\_

PHONE #: \_\_\_\_\_

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SCHOOL OF HIGHER LEARNING YOU PLAN TO ATTEND: \_\_\_\_\_

(INCLUDE LETTER OF ACCEPTANCE IF AVAILABLE)

BRIEFLY DESCRIBE YOUR GOALS AND WHAT YOU SEE YOURSELF DOING 5 TO 6 YEARS FROM  
NOW \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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WHY DO YOU FEEL THAT YOU ARE DESERVING OF THIS SCHOLARSHIP?

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ACADEMIC HONORS \_\_\_\_\_

\_\_\_\_\_

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EXTRA-CURRICULAR ACTIVITIES \_\_\_\_\_

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FINANCIAL INFORMATION

TOTAL HOUSEHOLD ANNUAL INCOME BEFORE TAXES \$ \_\_\_\_\_

ALL OTHER TAXABLE OR NON-TAXABLE INCOME NOT INCLUDED ABOVE (INCLUDE PENSIONS, SOCIAL SECURITY, CHILD SUPPORT, INTEREST, ETC.) \$ \_\_\_\_\_

HOUSEHOLD SIZE (NUMBER OF FAMILY MEMBERS) \_\_\_\_\_

NUMBER OF DEPENDENTS ATTENDING COLLEGE \_\_\_\_\_

AMOUNT RESERVED FOR COLLEGE EDUCATIO OF APPLICANT \_\_\_\_\_

PLEASE EXPLAIN ANY UNUSUAL CIRCUMSTANCES THAT SHOULD BE TAKEN INTO CONSIDERATION.

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THIS FORM MUST BE SIGNED AND DATED BY THE APPLICANT.

\_\_\_\_\_

(SIGNATURE)

\_\_\_\_\_

(DATE)