**Munhall Memorial Scholarship**

This scholarship will only be awarded to a student with an exceptional education need who currently has an IEP and who is interested in any type of continuing education. The scholarship will be payable after successful completion of the recipient’s first semester classes.

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birth Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of Brothers and Sisters Younger: \_\_\_\_\_\_\_\_\_

Number of Brothers and Sisters away at school: \_\_\_\_\_\_\_\_\_

School Planning to Attend: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Course of Study: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**In the space below, tell us why you would like to continue your education in the field that you chose:**

**Hobbies and Extracurricular activities:**

Submit this application, along with an additional recommendation.

Signature of Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Applications are due in the high school office by 1:00 pm on May 1st.***

The Wittenberg-Birnamwood School District does not discriminate against pupils on the basis of race, color, religion, national origin, ancestry, creed, physical, mental, emotional or learning disability, pregnancy, marital status, parental status, sexual orientation, sex, or age in its programs and activities, political affiliation, arrest or conviction record, and membership in any part of the military, and provides equal access to the Boy Scouts and other designated youth groups.

Wisconsin. Federal Law Prohibits discrimination in employment on the basis of age, race, color, national origin, sex, religion, or handicap. Any student, parent, or resident of the district complaining of discrimination based on any of the above, shall report the complaint in writing to the district administrator.

**Munhall Memorial Scholarship – Request for Recommendation for Scholarship**

A scholarship is being awarded to a student with an Exceptional Educational Need who is interested in any type of continuing education. The scholarship applicant is asking you to recommend him/her for this award.

Applicant’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School Planning to Attend: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Planned Course of Study: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| Personal Traits | Excellent | Above Average | Average |
| Character |  |  |  |
| Leadership |  |  |  |
| Friendliness |  |  |  |
| Dependability |  |  |  |
| Determination |  |  |  |

In the space below, tell us why you feel this student is worthy of this scholarship (feel free to use the back of this sheet). Please avoid using the traits listed above. We are interested in specific events to give us added insight into strengths and weaknesses of the candidate.

*References must be received by May 1st of the graduation year.*

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_