



Scholarship Application Form

NOTE: If handwritten, please make sure all information is legible.

Name: First _____ Middle _____ Last _____

Address: _____

City: _____ State _____ Zip Code _____

Email: _____

Home Phone: _____ Cell Phone: _____

College Enrolled In: _____

Please submit proof of enrollment to an accredited educational institution and two (2) letters of recommendation along with this application form.

Two Reasons Why You Should Be Awarded this Scholarship (Please attach a separate sheet of paper if more space is needed.):

Applications must be postmarked by June 15th and mail all requirements to:

Margie Bruce
G1 Education Committee Chair
W260 S7270 Vista del Tierra
Waukesha, WI 53189

For inquiries, email margiebruce@netscape.net with "Scholarship" on the subject line.