

Stryker High School – The Robert E. Willis and Elizabeth L. Willis Memorial Scholarship Application

Scholarship Application: *IMPORTANT! Please attach a senior photograph to your scholarship application.* Today's Date:

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Mailing Address							
City, State, Zip							
Phone		Permanent Email					
High School							
Graduation Year							
Social Security Number (Last 4 digits)							
School Attending							
Intended Major							
This Section Completed by High School Counseling Department							
Student GPA:	Student Class Ra	ank: of		Student ACT Score:			
Signature of Counselor			Date				

First

Middle

B. Financial Need Information

A. Demographic Information

Full Name

Many Scholarships take into account financial need. An objective measure of need is the Expected Family Contribution (EFC) as measured by the Free Application for Federal Student Aid (FAFSA) form. http://www.fafsa.ed.gov.

IMPORTANT: You will be expected to provide your family's EFC if you want to be considered for any scholarship that takes into account financial need. We ask you to provide this information now or be prepared to provide the EFC at the time of your interview.

My Expected Family Contribution (EFC) from FAFSA is: \$

	C. Scholarship Questions
	1. Please explain why you are interested in your intended major and what your plans are after graduating from school:
	2. Discuss your leadership capabilities, past accomplishments, extra-curricular activities, community involvement and work experience:
- 1	

,	you have received:			
4. List any scholarships or gi	rants that you have received or	know that you will be receiving	:	

Attestation: I attest that the information contained in this application is true and complete to the best of my knowledge. Signature of Applicant Grant of Release: I hereby grant the administrators of my high school permission to release a copy of the high school academic transcripts of the applicant named on this form including, but not limited to, class rank, college preparatory test scores (such as ACT), and other academic-related information contained therein. I understand the information gathered by the Bryan Area Foundation for determining eligibility for various scholarships may be disclosed to members of the scholarship committee and the representative of the donor family. Photos that are submitted must be the sole property of entrant and entrant must have all rights to reproduce and distribute the photo submitted. I understand the photo(s) may be used by the Foundation for future advertising, on our website, or any other kind of promotional material. Signature of Applicant Signature of Parent or Legal Guardian

D. Attestation and Grant of Release