## 2014-15 Wisconsin Rural Opportunities Foundation, Inc.

Scholarship Application Form

To be completed by the <u>student</u> at the time of scholarship application. <u>Note:</u> The scholarship recipients' information may be used by Wisconsin Rural Opportunities Foundation, Inc. for their website and other publications sharing the selections.

### Due Date: December 19, 2014

## **Please Print or Type Information**

Date:								
Recipient's Na	me:		First				 Last	
Social Security	Numbe	er:						
Current Addres	ss:							
						Street		
City Permanent Add	dress:		State		Zip Code		County	
						Street		
City Home Phone #	¢:		State	Zip Cod Ce	e ell Phone #:		County	
Name of home High School:	town ne	ewspape	r:					_
Year of High S	chool G	Name raduatio			С	ity	State	
Check one:		Memb	er (past/pre	esent) of a	family opera	ating a fam	nily-sized farm.	
					,	•	age/city with a ent Federal census).	
Wisconsin Tec	hnical C	College A	Attending:					
Year of Study:		1 <sup>st</sup>		2 <sup>nd</sup>				
Technician	s/Scien ness & F	ce Tech	nology $\square$	Dairy Her	d Manageme	ent 🗆 Da	iry Science Farm Operation □ \	Veterinary
Nursing Major  ☐ Nursing Ass		Degree	□ Nursin	g Assistan	t □ Practic	al Nursing	I	
Career/Occupa	ational F	Plans: _						

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Explain why you are interested in your technical college program.	
List projects, awards, leadership roles, offices held, student and community orga 4-H, FFA, HERO programs, other activities.	anizations, Farmers Union,
Other community activities, interests, hobbies, etc.	

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Financial Need be used to furth	Please explain your need for this financial assistance, and how the scholarship funds would ner your technical college education.

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### Scholarship Application Form

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<u>School Certification</u> – This section must be completed by your technical college's financial aid office, or the application will be returned.

1)	This s	tudent has applied for fin	ancial ai	id, and has finan	cial aid need.
		Yes		No	
2)	This s	tudent is enrolled, and in	good sta	anding, in the pro	ogram indicated on this application.
		Yes		No	
	Coll	Times and Aid Officer			D.::-
Techni	cal Coll	ege Financial Aid Officer			Date
	l cer	tify that the information c	ontained	I in this application	on is accurate. I also agree that the
Wisco	onsin				on is accurate. I also agree that the
	onsin techi mplishm	nical college I am attendi nents	ng may	release informat	ion regarding my academic
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#### Applications are due by December 19, 2014.

Please return completed applications to:

Tom Heffron
Education Director
Disability Services & Financial Aid
Wisconsin Technical College System Office
4622 University Ave
P.O. Box 7874
Madison, WI 53707-7874

Awards are determined by the Wisconsin Rural Opportunities Foundation, Inc. and are distributed in January, 2015.