



## Wellington Young Professionals 2018 Scholarship Application

The Wellington Young Professionals are accepting applications for the **2018 WYP Book Scholarship**. Two scholarships of \$250 each will be awarded to two graduating seniors of Wellington High School, Wellington, KS for purchasing books. The \$250 will be reimbursed to the student after receipts are provided to WYP.

### Applicant Criteria

- \* A record of volunteerism in the community in non-school sponsored activities and participation in extracurricular school activities.
- \* Applicants must plan to pursue education after high school.
- \* Applicant must include at least two letters of recommendation with the completed application.
- \* Applicant should have a positive record among school staff and peers.

### Scholarship Guidelines

- \* Scholarship funds will be paid to the student directly. The student will be responsible for mailing in copies of receipts for books purchased for reimbursement.
- \* Applications shall be submitted to Linda Yates at the Wellington High School office no later than **May 4<sup>th</sup>, 2018**. Late applications will not be accepted.
- \* The applications will be reviewed, and recipients selected by the Wellington Young Professionals Scholarship Committee. The scholarships will be awarded on **May 16, 2018** at the WHS Class Night.



## SCHOLARSHIP APPLICATION 2018

Please print legibly. Use additional paper if necessary.

Name (Last, First, Middle Initial) \_\_\_\_\_

Mailing Address

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Daytime phone # \_\_\_\_\_

Email \_\_\_\_\_

Date of Birth \_\_\_\_\_

Cumulative GPA \_\_\_\_\_

List any academic honors, awards, and membership activities you participated in during our high school career.

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List your school-related volunteer activities.

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List your hobbies, outside interests, and non-school sponsored volunteer activities in the community.

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If you have decided which college or vocational school you wish to attend, please list it here.

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If you have not decided, please list your top three choices.

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Anticipated field of study\_\_\_\_\_

Please list any other scholarships applied for and any awarded\_\_\_\_\_

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Name & address of parent(s) or legal guardian(s).

*Parent/Guardian 1*

Name\_\_\_\_\_

Street\_\_\_\_\_

City\_\_\_\_\_ State\_\_\_\_\_ Zip\_\_\_\_\_

*Parent/Guardian 2*

Name\_\_\_\_\_

Street\_\_\_\_\_

City\_\_\_\_\_ State\_\_\_\_\_ Zip\_\_\_\_\_



**Essay**

On a separate paper (preferably typed), please write an essay (250 - 500 words) addressing the following:

Describe how your community service came about and what being a volunteer has taught you. Are there any causes or organizations that especially interest you? Finally, discuss any challenges you have dealt with and overcome and how this will help you succeed in college and beyond.

**Letters of Recommendation**

Provide two letters of recommendation: One letter should be from a leader within the volunteer organization you serve or have served and the other letter can be a personal recommendation from anyone of your choosing.

**STATEMENT OF ACCURACY FOR STUDENTS**

I hereby affirm that all the above stated information provided by me is true and correct to the best of my knowledge. I also consent, that if chosen as a scholarship winner, my picture may be taken and used to promote the Wellington Young Professionals Scholarship Program. (Winner may waive photo due to unusual or compelling circumstances.)

I hereby understand that if chosen as a scholarship winner it is my responsibility to submit receipts to the Wellington Young Professionals for reimbursement no later than February 1, 2019.

I hereby understand I will not submit this application without all required attachments and supporting information. Incomplete applications or applications that do not meet eligibility criteria will not be considered for this scholarship.

**Signature of scholarship applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**STATEMENT OF SUPPORT BY GUIDANCE COUNSELOR**

I hereby affirm that this application meets the criteria set forth by this scholarship program and support submission of this application to Wellington Young Professionals Scholarship Program.

Name of Guidance Counselor: \_\_\_\_\_

High School: \_\_\_\_\_

Contact information (email and phone): \_\_\_\_\_

**Signature of Guidance Counselor:** \_\_\_\_\_ **Date:** \_\_\_\_\_