

## SHAWANO COUNTY Association For Home & Community Education HCE SCHOLARSHIP

Name of HCE Member:

## **Eligibility:**

Mail to:

- ▶ Preference will be given to applicants of Shawano County HCE family members.
- ► Student MUST live in Shawano County

Shawano County HCE

- ► Maintain a 2.5 grade point average.
- ► Be enrolled as a full-time student
- ➤ Scholarship will be paid after completion of 1 semester at Wisconsin university, college or technical college.

311 N Main Street Shawano WI 54166	1 Keiauonsmp:	
Deadline: April 15 (Recipient will	be notified by late-April)	
<b>Payment:</b> \$350 will be paid when	your transcript is submitted after con	apletion of 1 semester.
Name		
School Address		
Street Home Address	City	Zip
Home Phone	City	Zip
Full Name of both Parents/Guardian	1	
Name & Address of High School		
<del></del>		

Academic Major	Minor
Semester Credits	Cumulative GPA =
Please enclose transcript.  1. Indicate any leadership positions, pawell as significant activities in high	articipation, honors and awards you have received as school.
2. Indicate special recognition you have honors, scholarships, etc.) in college	ve received for academic work (such as awards, e.
3. List your career goals.	
4. Identify leadership roles you have p	oursued and activities participated in college.
5. Describe your work experiences and relate to your academic major, mino	d national, state or community activities which might or(s), or your college goals.
SIGNATURE	DATE