

JAREA - Kathryn Mary Swingle Memorial Scholarship

a component of the Community Foundation of Southern Wisconsin, Inc

SCHOLARSHIP GUIDELINES

Established to benefit students from North Rock County, WI, including the School for the Visually Handicapped, intending to go into the field of education who will be attending an accredited college or university.

ELIGIBILITY:

Applicants should be pursuing a career in the education field. Scholarship will be payable upon the completion of the first semester of college with a 2.0 GPA or higher.

APPLICATION PROCEDURE: (Incomplete applications will not be considered)

1. Complete the application.
2. Attach your high school transcripts.
3. Attach essay regarding your high school accomplishments and your future school and career plans.

DEADLINE:

All required documents should be sent to CFSW no later than **March 1st** of the graduating year.

JAREA – KATHRYN MARY SWINGLE MEMORIAL SCHOLARSHIP APPLICATION

<i>Last:</i>	<i>First:</i>	<i>Middle:</i>
<i>Address:</i>	<i>City:</i>	<i>Zip:</i>
<i>E-Mail:</i>	<i>Home Phone:</i>	<i>Cell:</i>
<i>1st Parent/Guardian Name:</i>	<i>Daytime Phone #:</i>	
<i>1st Parent/Guardian Address:</i>	<i>Employer:</i>	
<i>2nd Parent/Guardian Name:</i>	<i>Daytime Phone #:</i>	
<i>2nd Parent/Guardian Address:</i>	<i>Employer:</i>	
<i>No. of Children Living at Home:</i>	<i>No. of Children in College Next Year:</i>	
<i>High School Attending (ed):</i>	<i>Year of Graduation:</i>	

College/University you plan to attend next year:

<u>NAME OF CAMPUS</u>	<u>CITY, STATE</u>	<u>APPLIED?</u>	<u>ACCEPTED?</u>	<u>APPLIED FOR FINANCIAL AID?</u>

What are the estimated costs for your next year at school (tuition, books)?: \$ _____ *(Room & Board):* \$ _____

- How do you plan to finance this total?*
- What is your proposed major field or interest area?*
- What type of job do you plan to pursue upon completion of college?*
- List your out-of-school activities (such as YMCA, 4-H, etc.):*
- List any high school activities and any special honors or awards you have received:*
- List work experiences and dates:*

Parent approval of application being used by scholarship committees and released to news media:

(Parent/Guardian's Signature)

DEADLINE: March 1st
Please return this application to CFSW
26 S. Jackson Street
Janesville WI 53548