

ID # _____
Award Amount _____

BANGOR SCHOLARSHIP FOUNDATION 2024 SCHOLARSHIP APPLICATION

Please complete this application in full so we can determine your eligibility to receive funds which the Bangor Scholarship Foundation has set aside to help students who plan to go on to post-secondary education, and who satisfy other criteria developed by the Foundation. In completing this application, you may also be considered for the Langrehr Construction Scholarship and the Gerald and Marcella (Meyer) Horman Family Scholarship, after completion of the additional form at the end of this application.

Complete all sections of the application and return, along with a current transcript of your grades, to (1) your school guidance counselor (to forward to the following); or (2) the Bangor Scholarship Foundation, P.O. Box 201, Bangor, WI 54614 no later than: **March 15, 2024.**

If any questions are not applicable to your current situation, please attach an explanatory note referring to the questions by section. If more space is required for information on any items, you may attach additional information. Please indicate appropriate sections.

If you have any questions regarding this application, please contact **Kelly Peterson at president@bangorscholarsipfoundation.org.**

Applicant Information

Name _____ Date of Birth _____ Telephone Number _____

Permanent Address (Street) _____ (City) _____ (State) _____ (ZIP) _____

Name of Parents / Guardians _____

Permanent Address (Street) _____ (City) _____ (State) _____ (ZIP) _____
(If different from applicant)

(_____) _____ Telephone Number

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School Data

_____ Month: _____ Year: _____
High School Attended Anticipated Graduation Date

_____ (City) (State) (ZIP)
Address

(_____) _____
Telephone Number

Name of Post-Secondary School for which
Applicant's scholarship is requested

_____ 4 yr College / University
 Community College
 Vocational / Technical
 Other: _____

_____ (City) (State)

Year in post-secondary program during coming school year:

Undergraduate: 1 2 3 4 5 Or Graduate 6

Student will: live on campus; live off campus; commute

Enrolled: less than half time; half time or more; full time

Anticipated date of graduation from post-secondary program: Mo: _____ Year: _____

Major field of study Applicant plans to pursue: _____

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School Activities

List all **school activities** in which you have participated in the **past 4 years** (e.g., student government, music, sports, etc.). Indicate all **special awards, honors, and leadership roles** held such as, officer, captain/co-captain.

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Community Activities

List all **community activities** in which you have participated without pay during the **past 4 years** (e.g., Red Cross, church work, volunteer work). Indicate all **special awards, honors**.

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Describe your **work experience** during the **past 2 years**. Indicate dates of employment in each job and approximate number of hours worked each week.

(1) Position/employer Started Employment Ended Employment Hours per week

(2) Position/employer Started Employment Ended Employment Hours per week

(3) Position/employer Started Employment Ended Employment Hours per week

(4) Position/employer Started Employment Ended Employment Hours per week

Essay Information

On an attached sheet, please answer the following essay question. Your response should be no more than 500 words in length.

- Write an essay stating your future goals as they relate to your educational and career objectives. Describe how your involvement in co-curricular and other activities have impacted your attitude and effort, and how this will help you achieve your future goals.

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Transcript Information

TO BE COMPLETED BY GUIDANCE COUNSELOR

High School seniors and students who have completed less than one full semester of post-secondary education must include a high school transcript of grades and have the following section completed and signed by the appropriate school official.

Students currently enrolled in college or vocational-technical school must include recent college or vocational-technical school transcript of grades. (Completion of the following section is not necessary.)

Applicant ranks _____ in a class of _____

Cumulative grade point Average _____ / 4.0 scale

ACT Composite Score _____

_____ Date: _____
School Official's signature

Title: _____ Telephone Number: (_____) _____

_____ School Address (Street) (City) (State) (ZIP)

Gerald and Marcella (Meyer) Horman Family Financial Form

The Gerald and Marcella (Meyer) Horman Educational Fund is a needs-based scholarship, with priority given to an applicant demonstrating financial need. In order for you to be considered, the following form **MUST** be completed. Please note this information will **NOT** be shared with anyone outside the selection committee. **To be completed by a parent(s) or guardian(s).**

Please complete the following page ONLY if you would like to be considered for this needs-based scholarship. If not, please leave this page blank.

Name of parent(s)/guardian(s): _____

Home Address: _____

Phone Number: _____ Number of Child Dependents: _____

If applicable, do we have permission to communicate with your child's school to view information collected from the free and reduced lunch application to show financial need?

- Yes
- No

Indicate the range in which your family adjusted gross income is identified (see previous year's tax form).

- | | |
|--|---|
| <input type="checkbox"/> under \$40,000 | <input type="checkbox"/> \$70,001-\$80,000 |
| <input type="checkbox"/> \$40,001-\$50,000 | <input type="checkbox"/> \$80,001-\$90,000 |
| <input type="checkbox"/> \$50,001-\$60,000 | <input type="checkbox"/> \$90,001-\$100,000 |
| <input type="checkbox"/> \$60,001-\$70,000 | <input type="checkbox"/> over \$100,000 |

Provide further information that would be helpful in determining financial need, please list below. (i.e. recent job loss, medical condition, etc...)

I certify that all statements made in this application are true, complete and correct to the best of my knowledge.

Parent/Guardian

Student Applicant