Wisconsin Scottish Rite Bodies

Valley of Milwaukee 11020 W Plank Court, Wauwatosa WI 53226-3279
Submit to: **Mkevalleyscholarship@gmail.com**

DEADLINE: APRIL 1st

Walter Domann "Family Life" Memorial Scholarship

_____ First Time Application ____ Re-applying

Full Name: _____ Male/Female _____

Home Address: _____

Email: _____ Phone: _____

Father's Name: Mother's Name:

ACADEMICS			
High School		*Phone:*	
City/State		*Graduation Year:*	*Most Recent G.P.A.:*
School Activities			
Awards			

IF CURRENTLY ATTENDING COLLEGE OR UNIVERSITY		
School Name:		*Year:*
City/State:		*Most Recent G.P.A.:*

COMMUNITY INVOLVEMENT, NON-ACADEMIC ACTIVITIES

YOUTH GROUP MEMBERSHIPS *(NOT REQUIRED TO BE ELIGIBLE)*			
Group Name:		*City/State:*	
Offices Held:			
Activities:			
Awards:			

DESCRIBE YOUR CAREER GOALS

UNIVERSITY/COLLEGE YOU PLAN TO ATTEND			
Name:		*City/State:*	
Alternate School:		*City/State:*	

FINANCIAL SITUATION			
Approximate Gross Family Income			
List Ages of Siblings:		*# of Siblings Attending College/University:*	

Provide a Summary of Anticipated Financial Needs and Plans:

Indicate percentage of college funding to be provided by:

Yourself:	*Parents:*	*Loans:*	Scholarship $ Received:	*Other:*

PLEASE LIST THREE CHARACTER REFERENCES			
	Reference 1	Reference 2	Reference 3
Name:			
Address:			
Phone:			
Position:			

PERSONAL STATEMENT – WHAT HAVE YOU GAINED FROM YOUR COMMUNITY INVOLVEMENT AND/OR PARTICIPATION IN YOUTH ACTIVITIES?

I ATTEST THE FORGOING STATEMENTS ARE TRUE AND ACCURATE (APPLICANT SIGNATURE BELOW)

Student Signature *Date*

Walter Domann "Family Life" Memorial Scholarship aid is a gift, not a loan, and can be based on academic achievement, participation in worthwhile activities and financial need. Checks will be issued payable to the college, university, or institution of higher learning and designated solely for the applicant's school account. Scholarships are awarded without regard to race, creed, color, or sex.

Email to: Mkevalleyscholarship@gmail.com Subject Line: Scholarship Application – (Last Name, First Name)