



Sheboygan Contractors Association Scholarship Application

Student's Information
Name
Address
City/State/Zip
Phone Number

School Information			
School's Name			
Address			
City/State/Zip			
Overall GPA (Grade Point Average)			
Freshman Yr.	Sophomore Yr.	Junior Yr.	Senior Yr.
GPA _____	GPA _____	GPA _____	GPA _____

Focus of Studies or Apprenticeship:

Family Information

Father's Name _____ Address _____

Phone _____ City _____

Mother's Name _____ Address _____

Phone _____ City _____

Brothers/ Sisters

Name	Age	Attending Post-Secondary School

I authorize disclosure of information set forth above, to the Sheboygan Contractors Association for use in the course of the Sheboygan Contractors Association Scholarship Awards Program

Signature or Parent or Guardian/Date

Signature of Adult Student/Date

Printed name of parent or guardian

Printed name of adult student

Application must be returned to the Counseling Center on or before April 1, 2010 (1 - \$500 scholarship will be awarded)
Mail application to: Sheboygan Contractors Association, PO Box 1394, Sheboygan, WI, 53082-1394
www.sheboygancontractors.org

