



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 Appenticeship:

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