

W o r t h i n g t o n  
E d u c a t i o n a l S u p p o r t  
P r o f e s s i o n a l s  
A s s o c i a t i o n

Scholarship Application  
2020

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
Street City Zip

PHONE: \_\_\_\_\_ BIRTH DATE: \_\_\_\_\_

Name of parent or Guardian who is a WESPA member: \_\_\_\_\_

Parent's/Guardian's Address: \_\_\_\_\_  
Street City Zip

Parent's/Guardian's Phone Number: \_\_\_\_\_  
Home Work

High school attending/attended: \_\_\_\_\_

High school majors:

High school minors:

Higher Education (If any):

G.P.A. and Class Rank:

PLEASE DESCRIBE YOUR ACADEMIC PLANS FOR NEXT YEAR:

School you plan to attend:

What grade level you will be:

Cost of tuition per year:

PLEASE ANSWER BRIEFLY:

How much can your parents/guardians contribute annually to your costs?

Will you be receiving any other financial aid (loans, scholarships, etc.)

1. Describe briefly your career goals:

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2. Please list any school related awards, accomplishments, offices, etc. Also list any programs in which you have participated:

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3. Please list any community awards, accomplishments, offices, etc. in which you have been involved. Also, list any programs in which you have participated:

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4. Why should the committee award you a scholarship? Include any additional information on your interests, employment background, values, or financial situation which you would like the committee to know in reviewing your application for the WESPA scholarship:

**References**

Please list the name, address, phone number and relationship to you of each of the two non-family member adults from whom you have requested recommendations (use form provided).

1.

2.

(Please include completed recommendation forms with your application)

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I would like to recommend \_\_\_\_\_ for a WESPA Scholarship because:  
(Name of Applicant)

I have known \_\_\_\_\_  
(Applicant's name)

as a \_\_\_\_\_  
(In what capacity)

since \_\_\_\_\_  
(Date)

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_