

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
2019

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:

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

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

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: _____