



# 2025 Scholarship Application *For WIHS Students Only* (Please return by May 2, 2025)

**Personal Information:**

Name:	Date of Application:
Address:	School:
Town:	Date of Graduation:
State:	Phone:
Zip:	E-mail:

**Tell us about your future plans (education, career, community involvement, etc.):**

**List all community service activities, hobbies, outside interests and extracurricular activities:**

**Please attach a 750-word essay explaining the impact breast cancer and/or gynecological cancer has had on you and your family.**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_