

# SCHOLARSHIP APPLICATION

FIRST NAME: \_\_\_\_\_ MI: \_\_\_\_\_

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

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

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

E-MAIL: \_\_\_\_\_

CURRENT SCHOOL: \_\_\_\_\_

YEAR OF GRADUATION: \_\_\_\_\_ CURRENT GRADE LEVEL: \_\_\_\_\_

SECONDARY EDUCATION- INTENDED ACADEMIC MAJOR OR FIELD OF STUDY:  
\_\_\_\_\_

THERE ARE TWO (2) REQUIREMENTS FOR THE SCHOLARSHIP APPLICATION.

- DEFINE WHAT COMMUNITY MEANS TO YOU AND INCLUDE AN ESSAY DESCRIBING A TIME IN WHICH YOU HELPED OR ASSISTED SOMEONE LESS FORTUNATE THAN YOU.
- ATTACH A LETTER OF RECOMMENDATION FROM A TRUSTED ADULT (TEACHER, COACH, SOMEONE FROM YOUR FAITH COMMUNITY, A MENTOR) WHO IS NOT A PARENT, WHO CAN SPEAK TO YOUR CHARACTER.

Submission of this application can be emailed to [admin@eaglecommunityorganization.com](mailto:admin@eaglecommunityorganization.com) or mailed to:  
EAGLE COMMUNITY ORGANIZATION  
PO BOX 352  
EAGLE, WI 53119-0352

Any questions can be directed to [admin@eaglecommunityorganization.com](mailto:admin@eaglecommunityorganization.com)

