



Father Robert F. Wagner Memorial Scholarship

DUE March 31, 2017

1. Personal Information

Name:		Date:	
Address:	City:	State:	
Phone:	County:	Zip Code:	
Last 4 digits of Social Security Number		Date of Birth:	

2. Academic Information

High School:		Graduation year:	
City:	State:	GPA:	
College currently or planning to attend:		Expected Graduation year:	
City:	State:	GPA:	
Current or intended Major:			

3. Financial Information – *All information must be provided for consideration.*

Do you: <input type="checkbox"/> Live with your parents <input type="checkbox"/> rent <input type="checkbox"/> own home		Number of Dependents:	
Number of family members in your household?		Average monthly family income:	
Main sources of funding for college?		Estimated expenses for the fall semester:	
Do you receive any financial aid, grants, scholarships, work-study, stipends or loans? If so please specify award(s) and amounts:			
Describe any financial hardship, special need or circumstances that this scholarship would help you overcome. Be specific.			
How did you hear about this scholarship?			

4. Extracurricular Activities- Please describe up to 3 activities that are significant to you, this may include clubs, church and community activities, scholastic honors, non-profit volunteering, or any notable service you have performed.

Name of activity/ Organization	Position	Years	Hours per week

Identify all leadership positions you have held:

5. Disability Information

If applicable, please identify the nature of your disability:

If you have a disability, please state how it has impacted your home and school life:

6. Essay


On a separate sheet of paper, provide a short, typewritten essay (300 words or less) explaining your career goals, what you plan to study, and why you want to further your education.

Scholarship recipients MUST attend the award ceremony on Thursday, April 27, 2017 to be eligible to receive the scholarship!

I certify that: (a) all of the information included in or submitted with this application is true and complete; (b) I meet the eligibility criteria for this scholarship; (c) if awarded a scholarship I will use the proceeds solely for the payment of tuition and required fees, room and board and/or related educational expenses; and (d) I will provide proof of same if requested.

Signature of Applicant

Date



Please remember to include in your packet:

- Completed scholarship application
- Official high school/college transcript
- Two letters of recommendation
- Essay
- Statement (if applicable) from a physician or school administrator verifying disability