



# Father Robert F. Wagner Memorial Scholarship

## DUE April 1, 2019

### 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

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

### 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, April 23 2019 5-7PM 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