|  |  |  |  |
| --- | --- | --- | --- |
| WDEF Continuing Education Application Form |  |  |  |
| **Student and Family Information** |
| Student Name:  |  |  |  |
| Address: |  |  |  |
|   | ZIP: |  |  |
| Gender: | Age: |  | Telephone: |  |  |
|  |  |  |  |  |  |  |  |
| Father's Name: |  |
| Occupation: |  |
| Employer: |  |
| Mother's Name: |  |
| Occupation: |  |
| Employer: |  |
|  |  |  |  |  |  |  |  |
| Veteran of the Armed Forces: **Y** or **N** |  |  |  |  |
|  If yes, Branch and date of service:  |  |
|  |  |  |  |  |  |  |  |
| Number of Children in Family:  | Number in College: |  |  |
| School you plan to attend next Fall:  |  |  |
| Major or Program of Study: |  |  |
| **Financial Information** |
| Estimated college expenses per year: |  |  |  |
| What financial resources do you have for college each year? |  |  |
|  | Savings: |  |  |
|  | Estimated Summer Earnings: |  |  |
|  | Parents / Relatives: |  |  |
|  | Other Sources (Scholarships, Social Security, Veteran's Benefits, Loans):  |
|  |  |  |  |  |  |  |  |
| Will you be filling a FAFSA form for the next school year: \_\_\_\_\_\_\_\_\_ |
| **Academic Record** |
| Attach a copy of your latest Post-Secondary Academic Transcript. |
|  |  |  |  |  |  |  |  |
|  | To be completed by Student: |   |   |   |  |
|  | Grade Point Average (GPA): |  |  |  |
|  |   |   |   |   |  |
|  |  |  |  |  |  |  |  |

I certify that this application is true to the best of my knowledge. If I am awarded a **WDEF Scholarship**, I understand that any change in my educational plans may jeopardize my qualifying for that award.

Signature of Applicant Date

Include in the Application:

1. Application Form
2. Resume (updated)
3. Career Plan
4. Financial Need Statement
5. Post-Secondary Academic Transcript (most current)

Send Applications to: or Email to:

Wisconsin Dells Education Foundation WDEFadmin@wdhsfoundation.org

PO Box 533

Wisconsin Dells, WI 53965