|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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](mailto:WDEFadmin@wdhsfoundation.org)

PO Box 533

Wisconsin Dells, WI 53965