



## WWCA Scholarship Program

*All Information is Confidential*

- Please complete all information requested. Incomplete applications will not be considered
- The number of scholarships available is limited; application acceptance depends upon review and availability of funds.

Student Name \_\_\_\_\_

Age \_\_\_\_\_ Grade \_\_\_\_\_ Gender \_\_\_\_\_

Address \_\_\_\_\_

City, State & Zip \_\_\_\_\_

Parent/Guardian 1 \_\_\_\_\_

Home Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

E-Mail \_\_\_\_\_ Parents Occupation \_\_\_\_\_

Parent/Guardian's Employer \_\_\_\_\_

Parent/Guardian 2 \_\_\_\_\_

Home Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

E-Mail \_\_\_\_\_ Parents Occupation \_\_\_\_\_

Parent/Guardian's Employer \_\_\_\_\_

Annual Gross Income (combined if applicable):

Under \$20,000  \$20,000-\$40,000  \$40,000-\$60,000  \$60,000-\$80,000  over \$80,000

Number of Adults in Household \_\_\_\_\_ Number of children in household \_\_\_\_\_

Are you applying for:  Full Scholarship  Partial Scholarship

Please state the amount you are able to pay: \_\_\_\_\_

Are there any special circumstances to be considered? \_\_\_\_\_

\_\_\_\_\_

Is there anything else you'd like to add? \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

(Parent/Guardian if under 18)