

WOMEN WITH A VISION SCHOLARSHIP APPLICATION

Name _____ Home Phone _____
(last) (first) (middle)

E-mail _____ Cell Phone _____

Home Address _____ E-mail _____
(street) (city) (zip)

High School Attended _____ Yr. of Graduation _____

College/University Attended/ing _____ Yr. of Graduation _____

Wisconsin College/University you are interested in attending next year. (Should you change your school choice or decide not to go on to school, please notify us immediately).

<u>NAME OF CAMPUS</u>	<u>CITY, STATE</u>	<u>APPLIED?</u>	<u>ACCEPTED?</u>	<u>APPLIED FOR FINANCIAL AID?</u>
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What are the estimated costs for your next year at school? (Tuition, Fees, Books) _____ (Room & Board) _____

What is your proposed educational major field or interest area? _____

List the names and ages of children living with you _____

List any special honors or awards you have received. _____

List work experiences and dates. _____

List any special needs or barriers you have in attaining a college education. _____

What are your career and educational goals and how will these funds help you to be successful in attaining these goals? _____

Describe how you have overcome a barrier to one of your goals. _____

Approval of application being reviewed by scholarship committees and released to news media:

Applicant's Signature

Date

DEADLINE: May 31

Please return your application documents to:

Blackhawk Technical College Foundation, PO Box 5009, Janesville WI 53547-5009

They may also be hand-delivered to the Administration Building on Central Campus, 6004 S County Road G, Janesville, WI.