



## *THE WOODBURY SCHOLARSHIP FUND*

P.O. Box 716  
Woodbury, Connecticut 06798-0716

### **SCHOLARSHIP APPLICATION FORM**

To the Applicant:

The Woodbury Scholarship Fund (WSF) was incorporated in 1976 to provide financial aid and recognition to Woodbury residents pursuing a post-secondary education. The money awarded by the WSF comes from the donations of local residents, local fund-raisers, and endowments and grants established by individuals, businesses, and other local organizations.

WSF bases its awards on a student's scholarship, motivation, and need. The Selection Committee considers these elements to be equally important. Most awards are based on a combination of these elements in varying proportions. Additionally, several administered scholarships are determined using a more specific criteria.

The information required in this Application will determine your eligibility to receive a scholarship. **All the sections of the Application must be completed.**

**All applications require a separate financial statement. To preserve the confidentiality of this information, the Financial Assistance Questionnaire (FAQ) must be mailed directly to Citizen's Scholarship Foundation of America (CSFA) for assessment.** The Woodbury Scholarship Fund receives from CSFA a consolidated assessment for all applicants to be used in determining each student's financial need. This financial assessment is coded and is only reviewed by The Woodbury Scholarship Fund President and the Selection Committee Chairperson. Mail the completed FAQ only to: **Citizen's Scholarship Foundation of America, 1505 Riverview Road, P. O. Box 297, St. Peter, MN 56082 by April 1.**

The remaining portion of the Application (including essay) is then returned to your Guidance Department where an official school transcript is to be attached. College students are to attach a copy of first semester grades. The application is then to be forwarded to WSF for consideration. The application submission deadline is **April 1.**

Certification: In submitting this application, I certify that the information provided is complete and accurate to the best of my knowledge and that the completed FAQ has been mail to Dollars for Scholars in ST Peter, MN. Falsification of any information may result in termination of any scholarships granted by WSF.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**PLEASE PRINT OR TYPE****APPLICANT DATA**Mr.  Ms. 

Name \_\_\_\_\_ (last) \_\_\_\_\_ (first) \_\_\_\_\_ (middle initial) \_\_\_\_\_ Social Security Number \_\_\_\_\_

Permanent Address \_\_\_\_\_ (street) \_\_\_\_\_ (city) \_\_\_\_\_ (state) \_\_\_\_\_ (zip)

\_\_\_\_\_ ( ) \_\_\_\_\_

Date of Birth (month, day, year) \_\_\_\_\_ Telephone Number \_\_\_\_\_ e-mail \_\_\_\_\_

Name of parent/guardian \_\_\_\_\_

Siblings - ages and colleges, if applicable \_\_\_\_\_

Permanent mailing address of parent/  
guardian if different from applicant \_\_\_\_\_

\_\_\_\_\_ (street) \_\_\_\_\_ (city) \_\_\_\_\_ (state) \_\_\_\_\_ (zip)

\_\_\_\_\_ ( ) \_\_\_\_\_

Telephone Number \_\_\_\_\_

**SCHOOL DATA**

High School Attended \_\_\_\_\_ Graduation Date Mo \_\_\_\_\_ Yr \_\_\_\_\_

Address \_\_\_\_\_ ( ) \_\_\_\_\_

\_\_\_\_\_ (street) \_\_\_\_\_ (city) \_\_\_\_\_ (state) \_\_\_\_\_ (zip) Telephone Number \_\_\_\_\_

Name of post-secondary school for which applicant's scholarship is requested \_\_\_\_\_

4 yr. College/University  Vo-Tech Community College  Other Accredited? Yes  No 

Address \_\_\_\_\_

\_\_\_\_\_ (street) \_\_\_\_\_ (city) \_\_\_\_\_ (state) \_\_\_\_\_ (zip)

Colleges to which high school applicant has applied \_\_\_\_\_

Decision:

Accepted Denied W.L. Not Known

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Year in post-secondary program during coming school year: Undergraduate 1 2 3 4 5 or Graduate

Student will:  live on campus  live off campus  commuteEnrolled:  less than half-time  Half-time or more  full-time

Anticipated date of graduation from post-secondary program \_\_\_\_\_

(month)

(year)

Major field of study applicant plans to pursue \_\_\_\_\_

**OTHER AWARDS**

Please list below the name and amount of any grants or scholarships that you have been awarded for the coming school year, if known.

Name of Award \_\_\_\_\_ Amount \_\_\_\_\_ Granted \_\_\_\_\_ Pending \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PERSONAL DATA:** Resume (Preferred) OR Use the form on page 5

**Required Application Format**

Please include a separate sheet(s) in resume form, to include the following specific information:

**Applicant Name**

**Applicant Address**

**Applicant Phone Numbers- home and cell**

**Applicant E-mail Address**

**Aspirations** - Please provide one short paragraph detailing your aspirations

**Work Experiences** - Please list all work experiences, including dates of employment and approximate hours worked per week

**Community Service** - Please list all community service projects and indicate the amount of time designated for each, as well as if it was a one-time only or on-going volunteer effort

**Extra-curricular Activities** - Please list participation in sports, clubs and organizations, as well as the years of participation

**Honors** - Please list any scholastic, sports or civic honors you have received

**Unusual Circumstances** - Please indicate any special circumstances unique to your application that you would like the committee to consider

**ESSAY**

**On a single, separate sheet, please tell us a little about yourself, your high school or college experience, and your goals.**

**APPLICANT APPRAISAL (REQUIRED)**

To be completed by a high school or college advisor, faculty member, or coach.

You have been asked to provide information in support of this application for financial aid. Please give immediate and serious attention to the following statements. When complete, please return to applicant or photocopy this section and return to applicant in a sealed envelope.

The applicant's choice of a post-secondary educational program is	<input type="checkbox"/> extremely appropriate	<input type="checkbox"/> very appropriate	<input type="checkbox"/> moderately appropriate	<input type="checkbox"/> inappropriate
The applicant's achievements reflect his/her ability	<input type="checkbox"/> extremely well	<input type="checkbox"/> very well	<input type="checkbox"/> moderately well	<input type="checkbox"/> not well
The applicant's ability to set realistic and attainable goals is	<input type="checkbox"/> excellent	<input type="checkbox"/> good	<input type="checkbox"/> fair	<input type="checkbox"/> poor
The quality of the applicant's commitment to school and the community is	<input type="checkbox"/> excellent	<input type="checkbox"/> good	<input type="checkbox"/> fair	<input type="checkbox"/> poor
The applicant is able to seek, find, and use learning resources	<input type="checkbox"/> extremely well	<input type="checkbox"/> very well	<input type="checkbox"/> moderately well	<input type="checkbox"/> not well
The applicant demonstrates curiosity and initiative	<input type="checkbox"/> extremely well	<input type="checkbox"/> very well	<input type="checkbox"/> moderately well	<input type="checkbox"/> not well
The applicant demonstrates good problem-solving skills, follows through, and completes tasks	<input type="checkbox"/> extremely well	<input type="checkbox"/> ver well	<input type="checkbox"/> moderately well	<input type="checkbox"/> not well
The applicant's respect for self and others is	<input type="checkbox"/> excellent	<input type="checkbox"/> good	<input type="checkbox"/> fair	<input type="checkbox"/> poor

Comments (do not name student) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Appraiser's Signature	Title	Date	( ) Telephone Number
Appraiser's Business Address (street)	(city)	(state)	(zip)

**TRANSCRIPT INFORMATION**

1. **Students currently enrolled in college or vocational-technical school** must include a transcript of first semester grades with this application.
2. **High school seniors** must include a high school transcript of grades and the signature of an appropriate school official.

_____ ( )			
School Official's Signature	Title	Date	Telephone Number

**APPLICATION CHECKLIST**

This application for student aid becomes complete and valid only when you have returned the following materials (two first class stamps are required for mailing).

- Completed Application (Including Resume)
- Essay
- Current Transcript of Grades
- Financial Assistance Questionnaire - Mailed to CSFA

**Alternate Personal Data Format**

Describe your work experience during the last 4 years and/or at college. Indicate dates of employment in each job and approximate number of hours worked each week. List total amounts earned at each job.

Position	Date From (mo/yr)	Date To (mo/yr)	Hours per Week	Amount Earned

**HIGH SCHOOL OR COLLEGE**

List all activities in which you have participated (e.g., student government, music, sports, etc.) List all community activities in which you have participated without pay during your high school or college career (e.g., 4-H, Scouts, church youth group, volunteer work, etc.). Indicate all special awards, honors.

Activity	No. of Years Partic.	Special Awards, Honors, Offices Held	Activity	No. of Years Partic.	Special Awards, Honors Offices Held

Please describe how and when any unusual family or personal circumstances have affected your achievement in school, work experience, or your participation in school and community activities.

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**ESSAY**

**On a single, separate sheet, please tell us a little about yourself, your high school or college experience, and your goals.**