THE WOOLLEY FOUNDATION STUDENT SCHOLARSHIP APPLICATION

*Please print pages 1 - 4 of the application packet, complete per instructions, and submit by MAIL ONLY to the address on the General Scholarship Information sheet at the beginning. Submittals will be accepted JANUARY 15, 2024 – MAY 1, 2024. Documentation of eligibility requirements must be submitted with the application packet. A checklist is provided on page 4 of this packet to assist you to insure you have included all of the necessary information.

Last Name	Fi	irst	Middle	
Street Address	City	State	Zip Code	
Telephone Number (s)		Email Address		
Are you a resident of Michi Are you at least 18 years of If not, will you be at least 1	age? (Please check)	1, 2024? (Please check)	Yes Yes Yes	_No _No _No
Are you a graduate of Rock If yes, what month and yea If not yet graduated, do yo	r did you graduate?	MonthY		_No _Nc
What is your current/most	recent high school (or d	college) G.P.A	_ Date	
Are you registered/enrolled			Please check) Yes	_No
Please state the bachelor's	degree you are pursuiı	ng and your declared colle	ge major	
Briefly describe your caree	goals			
Are you currently enrolled time? If so, please explain			college courses at this	
				_

Please describe your employment experience, if any: employer names, dates, and job responsibilities.

Employer	Dates	Job Title
Responsibilities		
Employer	Dates	Job Title
Please describe your participati	ion in any volunteer experience o	r community service engagem
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The information contained in this application is true and correct. I understand eligibility documentation is required with the application packet submittal. Further, I understand I will be required to sign an agreement permitting publicity (website, print, and general media coverage) including my name and likeness, if I receive and accept this scholarship award.

Signature

Printed Name

Date